



2020

Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis

Jenna Marton

Kaitlyn Stewart

Follow this and additional works at: <https://commons.und.edu/ot-grad>

Recommended Citation

Marton, Jenna and Stewart, Kaitlyn, "Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis" (2020). *Occupational Therapy Capstones*. 461.

<https://commons.und.edu/ot-grad/461>

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact und.common@library.und.edu.

Looking Beyond the User: An Occupationally Supportive Training for Grandparents

Raising their Grandchildren in the Opioid Crisis

by

Jenna Marton, MOTS

Kaitlyn Stewart, MOTS

Advisor: Breann Lamborn, Ed.D., M.P.A.

A Scholarly Project

Submitted to the Occupational Therapy Department of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master of Occupational Therapy

Grand Forks, North Dakota

May, 2020

This scholarly project, submitted by Jenna Marton, MOTS and Kaitlyn Stewart, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Breann C. Lambson, Ed.D.

Faculty Advisor

April 9, 2020

Date

PERMISSION

Title: Looking Beyond the User: An Occupationally Supportive Training for
Grandparents Raising their Grandchildren in the Opioid Crisis

Department: Occupational Therapy

Degree: Master of Occupational Therapy

In presenting this Scholarly Project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, we agree that the Department of Occupational Therapy shall make it freely available for inspection. We further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of this Scholarly Project or part thereof for financial gain shall not be allowed without our written permission. It is also understood that due recognition shall be given to us and the University of North Dakota in any scholarly use which may be made of any material in our Scholarly Project.

Jenna R. Matton
Signature

4/8/20
Date

Katlyn Stewart
Signature

4/8/20
Date

TABLE OF CONTENTS

ABSTRACT.....	vi
CHAPTERS	
I. INTRODUCTION.....	1
II. REVIEW OF LITERATURE.....	7
III. METHODOLOGY.....	29
IV. PRODUCT.....	31
V. SUMMARY.....	108
REFERENCES.....	112

ACKNOWLEDGEMENTS

We would like to thank our advisor, Dr. Breann Lamborn for her endless commitment, support, and guidance throughout this entire process. We would also like to acknowledge our family members for the support they provided us while creating this scholarly project.

Abstract

The U.S. opioid crisis impacts families everywhere, cutting across all racial, urban and rural lines (Chan & Trant, 2018). Parental opioid-related overdose was attributed as one of the primary causes for the rise of children entering state custody and foster care from 1999 to 2016 (Haffajee & Frank, 2018). Therefore, more relatives are raising these children due to the unforeseen circumstances associated with opioid misuse, and it is often the grandparents who assume the primary caregiving role. According to Ellis and Simmons (2014), there are approximately 2.7 million grandparent caregivers or those who have primary responsibility for grandchildren under 18 years of age as a result.

Occupational therapy has roots in mental health and is equipped with a vast number of skills to increase the grandparents' participation in meaningful occupations. Occupational therapists can help grandparents develop occupational competence in their new parenting role by engaging them in carrying out desired habits, roles, routines and rituals successfully in order to experience a sense of self-efficacy.

An extensive literature review was conducted in order to gather evidence-based information and strategies that occupational therapists may utilize when working with this population. The information was gathered through research articles, textbooks, government websites, and from the American Occupational Therapy Association (AOTA). Based on the findings from the literature, *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* was developed for occupational therapists to help grandparent caregivers identify meaningful roles, coping strategies, personal and community supports, and highlights the importance of engaging in healthy habits, routines and rituals. The Model

of Human Occupation (MOHO) was selected as the program's theoretical foundation. This dynamic systems theory helps to explain the relationship between a variety of factors that influence the primary caregivers' occupational performance.

The purpose of this program is to help grandparents identify meaningful roles, coping strategies, personal and community supports, and highlights the importance of engaging in healthy habits, routines, and rituals to thrive in their assumed caregiving role. To ensure the program's success, it is recommended that the program be implemented in rural communities where research indicates that services are highly needed. Further, it is recommended that community stakeholders are identified to ensure appropriate recruitment of participants, help obtain program funding, and recommend additional research and modifications be instituted as necessary.

Chapter I

Introduction

Opioid use disorder is defined as a problematic pattern of opioid use that causes significant impairment or distress (Centers for Disease Control and Prevention [CDC], 2019a, para. 22). Today it is estimated that the misuse of prescription opioids and heroin affects 2 million Americans and approximately 15 million individuals worldwide, with numbers rapidly increasing (U.S. National Library of Medicine, 2019). In 2017, the United States Department of Health and Human Services (HHS) decreed the opioid epidemic a public health emergency (HHS, 2017). In the wake of this epidemic, however, there is growing concern for the children and families impacted by the drug crisis, as many of the strategies to combat this epidemic are aimed specifically at the opioid users (Ellis & Simmons, 2014). The impact of this crisis has been particularly devastating to opioid users and their families, affecting quality of life, economic opportunity, and rural prosperity (U.S. Department of Agriculture, n.d.). Children of non-medical prescription opioid-using parents entering state custody or foster care tend to stay longer and have lower reunification rates than children of parents who misuse other substances, specifically alcohol and cocaine (Choi & Ryan, 2007). While caregivers may be siblings, aunts, uncles, or other relatives, most placements are with grandparents (Barnard, 2003).

Grandparents often enter this new caregiving role in the middle to later stages of their lives, which brings on a unique array of social, emotional, mental, financial and physical challenges. Grandparents living in rural communities may experience more perceived hardships due to limited accessibility, including knowledge of what services are available, when services are needed, and where to get those services (Smalley et al.,

2010). The stigma towards receiving services in rural communities may also prevent grandparents from accessing these vital services due to feelings of shame, guilt or gossip when accepting government assistance (Bailey, Letiecq, Visconti, & Tucker, 2019).

Occupational therapists are equipped to provide educational or treatment programs that address interpersonal and social skills, stress management, and role development, which are services grandparent caregivers often need in rural areas (Castaneda, Olson, & Cargill Radley, 2013).

The devastating consequences of the opioid epidemic and the unique challenges grandparent caregivers experience demonstrate that additional services and supports are needed, especially in rural communities. Currently there are limited evidence-based multiple level interventions that rural grandparents have access to (Kirby, 2015; Peterson & Starks, 2014). Therefore, this evidence-based manual is designed to provide recommendations and interventions that occupational therapists in rural communities may use when working with grandparent caregivers impacted by the opioid epidemic. The program consists of 8 detailed weekly group sessions, group activities, homework, and psychoeducational components that can be carried out by occupational therapists or occupational therapy assistants. *Cole's Seven Steps* was implemented to guide each weekly session in order to enable participation of group members in completing shared tasks or activities and then to reflect on the group member's individual meaning for each activity (Cole, 2012). These seven steps are designed to be easily adapted to meet the needs or goals of any group. The purpose of this program is to help grandparents identify meaningful roles, coping strategies, personal and community supports, and highlight the

importance of engaging in healthy habits, routines and rituals to thrive in their caregiving role.

To guide the occupational therapy process within this population, the MOHO was chosen as the theoretical foundation. MOHO offers an occupation-based view of the following concepts: person, occupation, and environment. According to O'Brien (2017), the person consists of volition (an individual's motivation to choose what they do), habituation (how occupation is organized into patterns or routines), and performance capacity (the physical, mental and cognitive abilities of the individual). Occupation is described as doing, and is broken into one's participation, performance or occupational form, and skills (O'Brien, 2017). Environment is divided into physical (natural, human-made spaces) and social (groups of people and occupational forms) along with the various constraints, demands, opportunities, and resources that occur within both (O'Brien, 2017).

As a dynamic systems theory, MOHO assists in explaining the relationship of factors that may influence the primary caregivers' occupational performance. It helps to understand how grandparent caregivers' occupations have been impacted by their transition from the traditional grandparent role to primary caregiver role. Grandparent caregivers may experience a disruption in their occupational performance, which can contribute to a disruption in one's occupational identity, thus impacting participation in desired daily occupations. Additionally, it helps to describe how the rural location, or the environment, may impact their access to and perception of available services. Finally, by addressing the person aspect, this program is aimed at motivating the individuals to

engage in occupations to adapt to the skills necessary to balance their daily roles, routines, and habits, thus improving their occupational performance.

Throughout the process of program development MOHO was heavily considered. This practice model was used to guide the selection of the initial assessment, create interventions, and determine re-assessment and discharge planning. It is important to note that with the use of this practice model, there are several unique key terms present in every session. To fully understand MOHO, and other concepts displayed throughout this program, several key terms and concepts are listed and defined below.

Key Terms and Concepts:

- Primary caregiver: “An individual who transitions from a ‘traditional’ grandparent role to caregiver and assumes primary responsibility of child rearing for their grandchild/grandchildren in the absence of the parent” (Backhouse & Graham, 2012, p. 307)
- Occupational competence: “The degree to which people can sustain a pattern of doing that enacts their occupational identity” (Forsyth, et al., 2014, p. 509).
- Occupational identity: “What a person does and has done in the past” (O’Brien, 2017, p. 99).
- Opioid: A variety of synthetic and natural substances such as heroin, synthetic opioids such as fentanyl, and pain medications such as oxycodone, hydrocodone, codeine, and morphine (Center for Disease Control and Prevention, 2019a, para. 20).

- Opioid use disorder: “A problematic pattern of opioid use that causes significant impairment or distress” (Centers for Disease Control and Prevention, 2019a, para. 22).
- Role: “Sets of behaviors expected by society and shaped by culture and context that may be further conceptualized and defined by the client” (AOTA, 2014, p. 27).
- Habit: “Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation” (Boyt Schell, Gillen, & Scaffa, 2014, p. 1234).
- Routine: “Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying and promoting or damaging” (AOTA, 2014, p. 27).
- Ritual: “Shared social actions with traditional, emotional, purposive, and technological meaning contributing to values and beliefs within the group or population” (AOTA, 2014, p. 27).
- Model of Human Occupation: “A dynamic systems theory and conceptual practice model developed by Gary Keilhofner and used by occupational therapists to explain the relation of a variety of factors that influence one's occupational performance based on the following concepts, person, occupations, and the environment” (O’Brien, 2017, p.96).

The subsequent chapters include: Chapter II Review of the Literature, Chapter III Methodology, Chapter IV Product and Chapter V Summary. Chapter II provides a brief history of the opioid epidemic, grandparent caregivers' perceived challenges, examination of the rural environment context, identified service needs, challenges to providing services, and occupational therapy's role in this focus area. Chapter III outlines the methodology that was used to create the product. Chapter IV contains the *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* product in its entirety. Chapter V summarizes the purpose of the project, key information obtained throughout the process, limitations to implementation, and further recommendations for future research.

Chapter II

Review of Literature

Opioid Epidemic

Opioid Use Disorder

Opioid use disorder is defined as a problematic pattern of opioid use that causes significant impairment or distress (Centers for Disease Control and Prevention [CDC], 2019a). According to the CDC (2019a, para. 22), “diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria”. A variety of synthetic and natural substances, such as the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine, are classified as opioids (CDC, 2019a). Many prescription opioids are generally considered safe when taken for a short time and as directed by a doctor. However, due to the euphoria and instant pain relief these medications provide, they tend to be misused and are highly addictive; misuse can ultimately lead to several harmful outcomes to the users taking medications inappropriately (CDC, 2019a).

History

According to the CDC (2018), approximately 130 Americans die from an opioid overdose each day. However, signs of a looming public health burden began appearing in the late 1990s as prescriptions for opioid pain relievers were being prescribed at greater rates after pharmaceutical companies reassured medical professionals that patients could not become addicted (U.S. Department of Health and Human Services [HHS],

2017). This led to a misuse of these medications before it was made clear that these substances were highly addictive and opioid related overdoses were on the rise (Van Zee, 2009). From 2010 to 2017, there was a five-fold increase in heroin overdose deaths among both men and women, across most age groups and of all income levels (Hedegaard, Miniño, & Warner, 2018). According to the CDC (2018), a history of prescription opioid misuse is the strongest risk factor for starting heroin, especially among those who have abused opioid prescriptions in the past year. This indicates that the increasing rates of opioid addiction plays a role in the growth of heroin use (CDC, 2019b). In 2013, fentanyl related deaths began to rise, surpassing heroin as the nation's deadliest drug, and by 2016 fentanyl overdose deaths almost doubled (Spencer, Warner, Bastian, Trinidad, & Hedegaard, 2019). 400,000 people died from an opioid related overdose (both prescription and illicit) from 1999 to 2017 (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2019). In 2017, more than 70,000 people died from drug overdoses, making it a leading cause of injury-related death in the United States. Of those deaths, almost 68% involved a prescription or illicit opioid (CDC, 2018). Today it is estimated that the misuse of prescription opioids and heroin affects 2 million Americans and approximately 15 million individuals worldwide, with numbers rapidly increasing (U.S. National Library of Medicine, 2019).

In 2017, the United States Department of Health and Human Services (HHS), as requested by President Donald Trump, decreed the opioid epidemic a public health emergency (HHS, 2017). Declaring the opioid epidemic as a nationwide public health emergency authorized the HHS to “accelerate temporary appointments of specialized personnel to address the emergency (pending any funding needed); work with DEA to

expand access for certain groups of patients to telemedicine for treating addiction” (HHS, 2017, para. 6). To combat this epidemic the HHS developed a five-point strategy which was immediately set in place to provide the individuals experiencing opioid misuse with improved access to prevention, treatment, and recovery supports and services (HHS, 2018). The HHS (2018) believed that this would prevent health, economic, and social consequences typically associated with opioid misuse and addiction from impacting an individual’s long-term recovery. The HHS (2018) issued over \$800 million in grants to support these efforts, while making it easier for states to receive waivers to cover treatment through Medicaid programs. The second part of the strategy was to gather better data on the epidemic by providing more timely and specific data while accelerating Center for Disease Control’s reporting of drug overdose statistics (HHS, 2018). Better pain management was the third part of the strategy. This involved advancing the practice of pain management to high quality, evidence-based pain care that reduced the burden of pain while also reducing the inappropriate use of opioids (HHS, 2018). The fourth part of the strategy was distributing overdose-reversing medications to the people likely to experience or respond to an overdose, with particular focus on high-risk populations (HHS, 2018). The final strategy point was better research on pain, overdose, and addiction, which will lead to effective public health interventions (HHS, 2018). In the wake of this epidemic, however, there is growing concern for the children and families impacted by the drug crisis, as many of the strategies to combat this epidemic are aimed at the opioid users (Ellis & Simmons, 2014).

Opioid Use and Parental Rights/Foster Care

The opioid crisis impacts all families, cutting across all racial, urban and rural lines (Chan & Trant, 2018). The crisis has been particularly devastating to opioid users and their families through effects on quality of life, economic opportunity, and rural prosperity (U.S. Department of Agriculture, n.d.). Every state in the United States has been touched by the opioid crisis, but the impact of this issue on small towns and rural locations has been particularly significant (U.S. Department of Agriculture, n.d.).

Parental opioid-related overdoses were attributed as one of the primary causes for the rise of children entering state custody and foster care from 1999 to 2016 (Haffajee & Frank, 2018). A study found that children of non-medical prescription opioid-using parents entering the foster care system tend to stay longer and have lower reunification rates than children of parents who misuse other substances, specifically alcohol and cocaine (Choi & Ryan, 2007). Welfare agencies in the United States and the United Kingdom both prefer and are mandated to look at the extended family as the first option when children are taken out of parental care (Barnard, 2003). While caregivers may be siblings, aunts, uncles, or other relatives, the majority of placements are with grandparents (Barnard, 2003). Data gathered from the 2010 U.S. Census, the American Community Survey (ACS), the Current Population Survey (CPS), and the Survey of Income and Program Participation (SIPP), found that about 7 million children or approximately 10 percent of all children in the U.S., lived with a grandparent in the household (Ellis & Simmons, 2014). Of those 7 million individuals residing in the same home as their grandchildren, 2.7 million were grandparent caregivers, or those who had primary responsibility for grandchildren under 18 years of age (Ellis & Simmons, 2014).

Therefore, more relatives are raising these children due to the unforeseen circumstances associated with parental drug use, such as death or incarceration.

The social support provided by relatives, usually grandparents, often plays a vital role in protecting children from being overly exposed to the risks associated with parental drug dependency problems. Family environments where an individual is abusing substances is often characterized as traumatic, chaotic and unpredictable, which can have adverse consequences for the children involved (Arria, Mericle, Meyers, & Winters, 2012). A child's attachment to their primary caregiver develops in response to their emotional needs being met, in particular during emotional distress (Mirick & Steenrod, 2016). Research has demonstrated that parents abusing substances is associated with insecure attachments, behavioral and emotional dysregulation, and inconsistent discipline in the children (Arria et al., 2012). Children who have attachment issues have poorer interactions with peers, behavioral problems in school, and learning issues. Children under the primary care of grandparents may present with more complicated situations, as they may have been exposed to unsanitary living conditions, witnessed domestic violence, been abused, or experienced homeless or poverty while living with a substance-dependent parent (Taylor, Marquis, Coall, & Wilkinson, 2017). However, placing children with relatives can reduce the trauma of parental separation and result in better outcomes than those placed with non-relatives or in the foster care system (Ellis & Simmons, 2014). Fortunately, these children are not always destined to experience negative outcomes, as living with a grandparent(s) can help minimize the trauma accompanied by the child-parental separation. Children living with grandparents tend to have lower rates of emotional and behavioral problems than those in foster care (Kirby,

2015). Grandchildren under the care of their grandparents benefited more academically, developmentally, and behaviorally than children in foster care (Kirby, 2015; Sheridan, Haight, & Cleeland, 2011).

Grandparent Rewards & Benefits

When grandparents assume a primary caregiving role it is often a result of their home being the most stable environment for the child (Kropf & Robinson, 2004). Further, caregivers reported that they felt peace of mind knowing that their grandchildren were safe after enduring suboptimal early childhood experiences (Taylor, Marquis, Coall, & Werner, 2018). Grandparents feel equipped for the primary caregiver role because they are older, and have the time, patience and wisdom to be an effective role model (Backhouse & Graham, 2012; Taylor et al., 2018). They often feel that the parenting experience adds meaning to their lives, as it offers a sense of companionship, and a purposeful social and familial role (Kropf & Robinson, 2004). This is evident as some grandparents reported feeling revitalized as they experienced improvements in their social and physical health, as well as strengthened occupational engagement with this new role (Ludwig, Hattjar, Russell, & Winston, 2007; Taylor et al., 2018). According to the American Occupational Therapy Association [AOTA] (2014), occupations are meaningful daily life activities which people engage in, and that can promote, facilitate, support, and maintain one's health and participation. Grandparents who were found to engage in co-occupations (shared occupations with grandchildren), were found to associate those shared occupations with a greater sense of meaning, which contributed to their overall well-being in comparison to completing the same occupations independently (AOTA, 2014; Ludwig et al., 2007). Marken and Howard (2014) found that grandfathers

who valued and embraced physical and social activities associated with childcare found more meaning in their new caregiving role. Although grandparents find meaning as a primary caregiver, they often enter this new role in the middle to later stages of their life, which brings on a unique array of social, emotional/mental, financial and physical challenges.

Grandparent Perceived Challenges

Grandparents not only endure hardships due to the loss of their adult child, but the stress of the assumed primary parenting role plays an instrumental part in the perceived hardships this population faces. The level of caregiver burden is perceived as higher when caring for a grandchild because of past violence in the parental home, when the child has a disability, and when the relationship between the grandparent and parent is stressed (Conway, Boeckel, Shuster, & Wages, 2010). If the grandchild experienced poor behavioral health, this tends to negatively impact the grandparents' quality of life and caregiver satisfaction, while increasing burn out and role strain (Marken & Howard, 2014).

Psychosocial Concerns

A constant balance between the varying life roles like employee, spouse, parent, and grandparent caregiver becomes a new norm. Among these varying roles are a multitude of tasks and occupational demands that need to be accomplished daily. Marken and Howard (2014) found that some grandparents had little opportunities or time to engage in their former meaningful occupations or pursue their dreams because, they were constantly addressing their grandchild/ren's mental health needs. This was especially true among grandmothers, as their daily responsibilities and perception of parenting left them

feeling fatigued, which diminished their desires to participate in social activities at the end of the day (Marken & Howard, 2014). Typically, grandparents are grieving the loss of the traditional grandparent role, which is a widely respected social identity (Backhouse & Graham, 2012). The loss of the traditional grandparent role and switch to the primary parental role may provoke feelings of being unrecognized, disadvantaged, misunderstood, and isolated within their own communities (Backhouse & Graham, 2012). Unfortunately, decreased social support and increased social isolation are a reality for many grandparents in this context. Grandparents who experience less social support from family and friends have higher levels of anxiety, depression and stress (Doley, Bell, Watt, Simpson, 2015). Findings from Garcia et al. (2015) suggested that human service providers and medical professionals should prioritize routinely assessing mental health services for kinship caregivers as they tended to become more depressed or remained depressed at a higher rate than non-relative foster caregivers.

Occupational Imbalance

A common issue that many grandparent caregivers face is the inability to manage their time. With the addition of children in the home, grandparents' pre-existing habits, roles, routines and rituals become disrupted. Manns, Atler, and Furhauf (2017) found that "participants spent over half of their waking time engaged in caregiving and IADL activities" (p.42). Household chores, meal preparation, shopping, paying bills, and taking children to school and other activities were the occupations that consumed most of their time (Manns et al., 2017; Marken & Howard, 2014). These tasks were also found to be associated with the grandparents' least restorative and pleasure provoking occupations (Manns et al., 2017). In exchange for the increased demand in these activities,

grandparents give up time and energy previously reserved for more pleasurable and restorative tasks like activities of daily living (ADL), leisure, and social activities (Manns et al., 2017; Marken & Howard, 2014). It is apparent that grandparent caregivers are careful at balancing priorities to create a lifestyle that best supports the child, but often at the cost of their own health and well-being (Marken & Howard, 2010).

Physical Health Dilemmas

Grandparents associate the consequences of coping with the emotional stressors of (i) their offspring's substance abuse, (ii) the criticism from their family and friends to assume the custodial care of their grandchildren, (iii) the problems of obtaining the necessary services for their grandchildren, and (iv) the financial hardships of raising grandchildren on a fixed budget as an influence on their physical health (Taylor, Marquis, Coall, Batten, & Werner, 2017). Taylor, Marquis, Coall, Batten, and Werner (2017) found that the majority of grandparents reported having a least one serious or chronic health complaint that was either age or care related. These caregivers reported that the stress and fatigue had an impact on their ability to care for their grandchildren as physical challenges such as chronic pain interfered with sleep, daily functioning and mobility issues exacerbated by child care, such as back pain (Clottey, Scott, & Alfonso, 2015). Unfortunately, grandparents often sacrifice their own health as they won't purchase their medication or visit the doctor due to increasing childcare costs (Clottey et al., 2015).

Financial Constraints

The unexpected expense of raising a grandchild can be challenging for grandparents who are already at an economic disadvantage due to recent retirement or

living on a fixed income. Grandparents who do not live with their grandchildren have more economic resources and fewer health limitations compared to the grandparents that live with their grandchildren (Ellis & Simmons, 2014). For some grandparents, they live paycheck to paycheck, have very little money saved, or are forced into early retirement in order to care for their grandchildren (Clottey et al., 2015; Mignon & Holmes, 2013; Taylor, Marquis, Coall, & Wilkinson, 2017). Additionally, it was found that the cost of obtaining custody can be expensive, which leads some grandparents to not pursue legal options and continue to care for their grandchildren on an informal basis (Taylor, Marquis, Coall, & Wilkinson, 2017). This may create a powerless situation for grandparents as parents may threaten to take the child out of the grandparents' care unless money is exchanged (Taylor, Marquis, Coall, & Wilkinson, 2017).

The stress of their own mortality and future concerns for the care of their grandchildren is often on the minds of grandparent caregivers. The future concerns were so prominent in some of the grandparents' minds that they experienced minor ailments, such as colds, upset stomachs, headaches, back/limb soreness (Taylor, Marquis, Coall, Batten, & Werner, 2017). This thought was especially troublesome among rural African American grandparents living in chronic poverty, as they struggled to protect their grandchildren in communities where rates of drug use, teen pregnancy, HIV, school drop-out and incarceration were high (Clottey et al., 2015). These challenges are often compounded in rural areas where there are fewer resources and services available to this growing population.

Rural Environment

Although there is no consistent definition of rural, it is often described as small and isolated communities, containing less than 2,500 people, combined to produce relatively homogeneous rural cultures, economies based on natural resources, and a strong sense of local identity (Flora, Flora, & Gasteyer, 2016). According to Ellis and Simmons (2014), geographically, a relatively high proportion of grandparents that live with and provide residential care to their grandchildren are located in the rural South, as well as several counties located in North Dakota, South Dakota, Montana, Arizona, and New Mexico. Within these areas there are several ethnic and cultural populations represented, such as African Americans, American Indians and Alaska Natives (Ellis & Simmons, 2014). Attending to the specific cultural differences among grandparents is pertinent to understanding a family's unique circumstances and needs.

In rural communities, one study found three pathways by which rural grandparents can assume the primary caregiving role: co-residential, incremental, and immediate (Kropf & Robinson, 2004). Co-residential is referred to as offering to care for a grandchild due to parents' career or personal choices, stability issues, or family conflict (Kropf & Robinson, 2004). In other situations, rural grandparents assume incremental care in ways similar to co-residential, in which increased grandparent involvement is necessary to improve the overall well-being and safety of the grandchild. The final pathway, immediate caregiver, usually occurs when formal social service systems are involved due to child abandonment, drug use, neglect, safety issues, or criminal behavior (Kropf & Robinson, 2004). It is widely accepted that the immediate pathway is often most challenging for grandparents, especially in rural communities, because it is an

unplanned and unexpected event (Hayslip & Kaminski, 2005; Kropf & Robinson, 2004).

Rural communities lack many of the services critical for the challenges these populations may face, including primary grandparent caregivers. In 1987, the federal government recognized the health needs of rural Americans by creating policy and an advisory committee to address the promotion of both the physical and mental health of rural Americans; this has become an increasing issue due to difficulties accessing healthcare services that meet unique challenges for rural residents (Smalley, Yancey, Warren, Naufel, Ryan, & Pugh, 2010). However, Smalley et al. (2010) found that despite more than 30 years of focus on rural mental health, rural populations continue to face challenges in the receipt of services. The challenges that rural population faces are often associated with accessibility including knowledge of what services are available, when services are needed, and where to get those services (Smalley et al., 2010). The attitude towards receiving services in rural communities may also prevent grandparents from accessing these vital services. Bailey, Letiecq, Visconti, and Tucker (2019), found that some grandparents in small rural towns and Native American Reservations reported consistent economic distress relating to shame, guilt, and fear of gossip when looking for and accepting government assistance. Therefore, the current services available to this increasing population of grandparents raising grandchildren due to the opioid epidemic are inadequate to meeting these individuals' needs.

Identified Service Needs

The impact of the opioid epidemic on families, especially those located in rural locations, points to the need to provide services and support to the primary

grandparent caregivers who have little to no formal training on substance misuse and the related challenges. Generations United (2016) conducted a survey of programs across the United States that primarily served grandparents outside of the foster care system and found that the opioid crisis is having a significant impact on children and families. Almost all the programs reported serving families impacted by parental alcohol or drug use, while more than 70 percent identified opioids as the most common type of drug impacting families (Generations United, 2016). The services available and most readily accessed by primary grandparent caregivers impacted by substance misuse are as follows: kinship navigation, mental health services, counseling, and financial assistance, which points to a strong need to further develop and expand upon the services available. The reported barriers to accessing services include limited eligibility criteria, issues with the parents, transportation and scarce availability of services in rural areas, reading and comprehension issues, and poor relationships with child welfare agencies (Generations United, 2016). The current literature focuses on programs and services available for all primary grandparent caregivers regardless of the circumstances that led to them assuming this caregiving role.

Current Programs

It has been found that grandparents who face significant distress and challenges within their role as a caregiver need high intensity based interventions aimed at providing assistance with managing parent-grandparent relationships, strategies for effective communication, problem solving, acceptance, and coping skills (Kirby, 2015). Programs like the Kinship Care System Navigator assists these families by providing case management and emotional support, educational programs, grandparent support groups,

and provides information and referrals for community resources (Fruhauf, Pevney, & Bundy-Fazioli, 2015). Although some of these programs have been deemed effective, evidence-based multiple level interventions are difficult for rural grandparents to access (Kirby, 2015; Peterson & Starks, 2014).

Psychosocial

Support groups

Social support is one of the most popular and widely used interventions for this population as it is crucial to the physical and mental health of primary grandparent caregivers, as well as their ability to cope with the demands of parenting (Hayslip & Kiminski, 2005; Kirby, 2015). Strozier (2012) found that caregivers attending support groups were more likely to increase formal social support from sources such as parent groups, social groups/clubs, church members, family physicians, early childhood programs, school or daycare, professional helpers and agencies in comparison to an increase in informal support such as spouses and relatives. However, the involvement of the grandfather should not be excluded, as they may increase the service effects as spousal support is important in reducing the emotional strain caused by the caregiver role (Chan et al., 2019). Support groups increase informal/formal social support, improve the level of perceived stress, and can be a relatively inexpensive intervention to provide, as caregivers who have been through the program may be trained to take over the groups (Strozier, 2012; Williams, 2011). Although support groups were found to be beneficial in reducing the emotional and social challenges faced by grandparent caregivers, the long-term results of this form of intervention were found to be ineffective and it is suggested

that they are not delivered as a stand-alone service, but rather in conjunction with other interventions (Hayslip & Kiminski, 2005).

Cognitive Behavioral Interventions

A study by Smith, Hayslip, Hancock, and Strieder (2018), determined that a cognitive behavioral therapy (CBT) approach and behavioral parenting training (BPT) are effective intervention strategies to use with caregivers, as they were found to lower psychological distress, improve parenting practices, and reduce behavioral difficulties among the grandchildren. A systematic review conducted by McLaughlin, Ryder, and Taylor (2017) confirmed the findings of Smith et al. (2018) as the largest volume of outcome research focused on cognitive behavioral and skills-based intervention for grandparent caregivers. The findings show that these studies have the strongest support of efficacy for these types of intervention approaches (McLaughlin et al., 2017).

Specifically, interventions that focus on problem and emotion focused strategies to cope with unpleasant emotions, and practical teaching of caregiving skills were deemed the most effective interventions in improving psychological well-being of grandparent caregivers (McLaughlin et al., 2017). Problem-focused strategies involve coming up with solutions to problems by dealing with them through problem solving, time management, and obtaining social support by developing a plan of action (Lumpkin, 2008). Emotion-focused strategies are reappraising the situation and rediscovering what is important in life (Lumpkin, 2008).

Psychoeducation

Psychoeducation has been found to be beneficial for this population. The common educational components delivered to grandparents include didactic presentations, training

videos, workbooks and other handout materials (Chan et al., 2019). Kirby and Sanders (2012) found that grandparents would benefit from a program that included education and strategies on how to manage their grandchildren's behavior and how to manage the relationship with the child's parent. A meta-analysis conducted by Chan et al. (2019) found that interventions focusing on the psychoeducational components were found to be an effective approach for improving the grandparent caregiver's health and well-being. These types of interventions were found to be effective regardless of the sample size, how participants were recruited, study design, and length of intervention (Chan et al., 2019). Based on the literature, it is insufficient to just teach grandparents different skills as grandparent caregivers must practice the knowledge learned in the sessions to reinforce learning (McLaughlin et al., 2017). These resources may be crucial in helping grandparents manage challenges that impact their health and well-being during this familial transition period.

Performance Patterns

Habits

Habits may be disrupted by raising grandchildren as grandparent caregivers' prior behaviors in familiar environments and situations are interrupted. However, practicing new skills to reinforce learning and incorporating them into their daily lives will help caregivers with coping and health promotion, which is necessary to form new healthy habits (McLaughlin et al., 2017). This can be done by equipping grandparents with "the necessary skills and confidence to function independently and be able to manage family issues without ongoing support" (McLaughlin et al., 2017, p. 528).

Role

Lumpkin (2008) found that using problem-focused strategies and dealing with the problems of the primary parental role stress head-on, through development of a plan of action, is beneficial in the role transition. This may be achieved by helping grandparent caregivers discover solutions to their problems, maintain boundaries, and rediscover what is important in life. Providing grandparents with the potential rewards of the primary caregiving role can lessen the distress often associated with this role and sustain their investiture until the child reaches the stage of independence (Taylor et al., 2018).

Routine

According to Manns et al. (2017), assisting grandparent caregivers in establishing and maintaining a daily routine most conducive to their unique lifestyle and occupational demands can be beneficial in allowing opportunities for pleasure and restoration. Being mindful and intentional about incorporating simple everyday activities throughout their routines, can help grandparents to increase feelings of pleasure and restoration while decreasing burn out and role strain (Manns et al., 2017). Marken, Pierce, and Baltisberger (2010) described this as “wise routines”, where the therapist and grandparent caregivers collaborate to modify activities in ways that match their energy level with demands for childcare (p. 372).

Ritual

Rituals are distinct and unique to particular families, reflecting family identity, culture, and shared values (Spagnola & Fiese, 2007). While routines work to organize one’s daily activities, rituals provide a sense of belonging and symbolic meaning to individuals within the family structure (Harrist, Henry, Liu, & Morris, 2019). The

disruption of rituals is more impactful as it interrupts family cohesion by changing the patterns deeply embedded in meaning and emotional connection for a family (Harrist et al., 2019). Harrist et al. (2019) suggested that introducing additional members to the household incorporates a need for change in the emotion, control, and identity systems of the family. This indicates that facilitating new routines and rituals amongst the family unit, especially the grandparent caregivers, could provide a new sense of belonging. Activities as simple as a morning cup of coffee with a spouse, or family dinner and bedtime stories can help to mitigate the lost sense of symbolic meaning to everyday tasks.

Challenges to Services

Gaining access to grandparent caregivers residing in rural communities may be challenging as physiological changes with aging, chronic illness and medication use, lower literacy rates, transportation issues, and a distrust of 'outsiders' in general is common in these areas (Dibartolo & Mccrone, 2003). Therefore, it is imperative that practitioners obtain community support and access through other health care professionals, physicians, teachers, church leaders and other pertinent community gatekeepers (Dibartolo & Mccrone, 2003). Additionally, due to the differences in ethnicity, culture, and diversity of grandparents and their family structure, it is important that service providers understand the unique needs of the families that they serve. Current literature identifies that grandparent caregivers are heterogeneous in nature, as they vary in age, and cultural/ethnic backgrounds, which all play into their experiences and the way they parent (Hayslip & Kaminski, 2005). Fruhauf et al. (2015) also found that grandparents are often unaware of availability and how to navigate the services and

resources available within their community. Therefore, service providers need to be aware of the variety of services available and how to utilize them (Fruhauf et al., 2015). Finally, providing psychoeducation to grandparent caregivers is an effective approach, but needs to be used in conjunction with other services. Although interventions aimed at physical health may result in a small but positive effect, interventions focused on problem solving, strategies to cope with unpleasant emotions, and practical teaching of caregiving skills have the most significant impact on grandparent caregiving psychological well-being (Chan et al., 2019; McLaughlin et al., 2017).

Occupational Therapy's Role

Occupational therapy has roots in mental health and continues to provide services in a variety of these settings today. Occupational therapy is defined as “the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings” (AOTA, 2014, p. S1). Occupational therapists can assist individuals to achieve desired outcomes by finding the optimal fit between the individual, the environments or contexts, and the occupation(s) in which they engage (AOTA, 2014). Informed by evidence, this perspective is based on multiple theories, knowledge and skills generated and used by occupational therapy practitioners in the field (AOTA, 2014). Although occupational therapy's skills and knowledge overlaps with other professions in mental health settings, occupational therapists are educated to “provide services that support mental and physical health and wellness, rehabilitation, habilitation, and recovery-oriented approaches” (Castaneda, Olson, & Cargill Radley, 2013, para. 3).

Occupational therapists were recently included in the fight against the opioid epidemic by delivering non-pharmacological pain management treatment to the users themselves (AOTA, 2018a). Despite the recent acceptance into the fight against opioids, it is important that occupational therapy joins forces with other professions to look beyond the users themselves and into the family members impacted. Following the unique theoretical foundation to guide their practice, occupational therapists are equipped with a vast number of skills to increase the grandparent's participation in meaningful occupations. The services that occupational therapists provide are educational or treatment programs that address interpersonal and social skills, stress management and role development (Castaneda et al., 2013). Further, occupational therapists can help individuals develop occupational competence in their new role as primary caregiver. This can be done by engaging grandparent caregivers in carrying out desired habits, roles, routines and rituals successfully in order to experience a sense of self-efficacy and positive emotions that reinforce participation. Grandparents often assume the primary caregiving role unexpectedly, impacting their physical, emotional, social, and financial well-being. In turn, this leads to a disruption in their volition, habituation, performance capacity and environments. Family members can benefit from these services in order to learn to deal with the stress of transitioning into this new caregiving role by helping provide balance their daily roles, habits, routines and rituals, which will allow them to lead productive and meaningful lives.

Summary

Opioid misuse and addiction has been on the rise since the 1990s and continues to affect 2 million Americans and approximately 15 million individuals worldwide, with

numbers rapidly increasing (U.S. National Library of Medicine, 2019). Although the opioid epidemic was determined a public health emergency in 2017, the five-point strategy implemented to combat this public health crisis solely focuses on the users, and not the children and family members impacted. In the wake of this crisis, are the grandparents who assume the primary caregiving role for their grandchildren who are at risk of entering state custody due to parental opioid-related overdoses. By providing primary care to their grandchildren, grandparents feel that this parenting experience adds new meaning to their life. Yet, as grandparents enter this new role in the middle to later stages of their life, a unique array of social, emotional/mental, financial and physical challenges present themselves. These challenges are especially felt by rural communities as residents experience decreased accessibility to services. Literature shows that a combination of high intensity based interventions, including cognitive behavioral approaches, are proven to be the most beneficial in providing assistance to this population. Interventions that focus on psychosocial intervention, psychoeducational training, and performance patterns will help to meet the unique needs of grandparent caregivers by improving their overall psychological well-being. However, evidence-based practice programs are lacking within rural communities, which makes it difficult for primary grandparent caregivers to access the assistance they need to be successful in this role. Although occupational therapists have been provided with the opportunity to intervene with the opioid users themselves, they have a vast number of unique skills that can further assist with the effects that the epidemic places on the broader family context. Occupational therapy practitioners are skilled in education, skill development, and providing support services, all areas that are jeopardized when children are placed into

the care of their grandparents. Occupational therapy practitioners can help individuals develop occupational competence in their new role as primary caregiver and further prevent disconnect in their unique dynamic system. The main goal of this program is to engage grandparent caregivers impacted by the opioid epidemic in establishing new habits, roles, routines, and rituals in order to increase self-efficacy and positive emotions that will reinforce participation in the therapy process.

Chapter III

Methodology

The goal of this scholarly project was to create an occupation-based and evidenced informed program to assist occupational therapists and occupational therapy assistants in rural communities in providing services to grandparents raising their grandchildren in the opioid epidemic. The purpose of the literature review was to explore current literature to gain insight on the opioid epidemic, grandparent caregivers' perceived hardships, rural community implications, and the current services and resources available. Subsequently, it was important to investigate the role of occupational therapy among other disciplines in addressing service needs, identifying resources, and delivering programs available to this specific population.

The process of creating *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* took several steps. To begin the process, keywords pertaining to the research topic were identified. The authors inserted the keywords and search threads into several search platforms and databases including: Google Scholar, PubMed, CINAHL, PsycINFO, American Occupational Therapy Association (AOTA), and American Journal of Occupational Therapy (AJOT). Additionally, the University of North Dakota's School of Medicine and Health Sciences Library, Scholarly Commons, government websites, and course textbooks were used.

The process of the literature review required several sub-steps. The literature collected was evaluated based on a perceived level of evidence. From there, detailed summaries of the most informative articles pertaining to the opioid crisis, substance

abuse, foster care, grandparents raising their grandchildren, and occupational therapy's role were created. In addition, further research was conducted in three major areas. First was the five point strategy initiated by HHS to combat the opioid epidemic. The second major area was current and successful programs available for this unique population, such as the Kinship Navigator Program and Grandparent Triple P program. The third focus was the profession of occupational therapy's unique role in both the opioid crisis and community mental health. To finalize the product creation, a conceptual practice model was chosen.

Several occupational therapy-based practice models were initially considered. Focusing primarily on the rural aspect, the environment was a key factor in this step. Person-Environment- Occupation (PEO) and MOHO were the models of choice, but when looking at the perceived hardships endured by this population, MOHO provided the best fit. This dynamic systems theory explains the relation of a variety of factors that influence the grandparents. By looking at the person, environment, and occupational performance, this conceptual model helps to guide the therapist throughout the program. *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* was designed as an occupation-based, evidence informed program to serve grandparents who have assumed the primary caregiver role to their grandchildren in the opioid epidemic.

Chapter IV

Product

The opioid epidemic is impacting families across all racial, urban and rural lines (Chan & Trant, 2018). As more children enter state custody due to parental opioid misuse, it is the grandparents who are assuming the primary caregiving role.

Occupational therapy approaches have the potential to assist grandparents by helping to mitigate the numerous social, emotional/mental, and physical challenges that this population faces.

The purpose of this program is to help meet the unmet needs of grandparents by helping them identify meaningful roles, coping strategies, personal and community supports, and highlights the importance of engaging in healthy habits, routines and rituals. This program is guided by an occupation-based theoretical foundation and evidence-based interventions that will provide grandparents with the necessary services

Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis



Jenna Marton, MOTS
Kaitlyn Stewart, MOTS
Breann Lamborn, Ed.D., M.P.A.

Table of Contents

Theoretical Foundation	3
Cole's Seven Step	4
Session Descriptions	5
Definition of Terms	7
Session I: Role Call	9
Session II: The Secret to Managing Stress	16
Session III: Creating Effective Coping Habits	24
Session IV: Identifying Healthy and Unhealthy Supports	33
Session V: Creating your Support Village	39
Session VI: Finding Time for Me	47
Session VII: Identifying Meaningful Rituals	54
Session VIII: Planning for the Future	61
Exit Survey	68
References	70
Appendix A.....	73
Appendix B.....	74

Theoretical Foundation: Model of Human Occupation

The Model of Human Occupation (MOHO) was selected as the programs theoretical foundation. This dynamic systems theory helps to explain the relation of a variety of factors that influence the primary caregivers' occupational performance. MOHO offers an occupation-based view of the following concepts, person, occupations, and the environment. The person consists of volition (an individual's motivation to choose what they do), habituation (how occupation is organized into patterns or routines), and performance capacity (the physical, mental and cognitive abilities of the individual) (O'Brien, 2017). Occupation is described as doing, and is broken into one's participation, performance or occupational form, and skills (O'Brien, 2017). Environment is divided into physical (natural, human-made spaces) and social (groups of people and occupational forms) along with the various constraints, demands, opportunities and resources that occur within both (O'Brien, 2017). Kielhofner (1985) outlined the model's five main theoretical principles, which is important to address before implementation of the program:

1. Occupational actions, thoughts, and emotions arise out of the interactions of volition, habituation, performance capacity, and environment.
2. Change in any aspect of volition, habituation, performance capacity, or the environment can result in change in thought, feeling, or doing.
3. Volition, habituation, and performance capacity are maintained and changes through what one does and what one thinks and feels about doing.
4. A particular pattern of volition, habituation, and performance capacity is maintained as long as the underlying thoughts, feelings, and actions are consistently repeated in a supportive environment.
5. Change requires that novel thoughts, feelings, and actions emerge and are sufficiently repeated in a supportive environment to coalesce into new organized patterns.

At the beginning of each session, is a chart containing the prominent MOHO components represented within the session. The four main MOHO components that will be found in this visual aid are volition, habituation, performance capacity, and environment. Under each categorical component are related terms and concepts to connect both the concept and the session. This is in place to assist the facilitator with providing the group members a meaningful and effective intervention with an occupation base.

Cole's Seven Steps

Marilyn B. Cole, an occupational therapist, developed Cole's Seven Steps for leading groups in mental health settings (Cole, 2012). The primary focus of using this method is to enable participation of group members in doing shared tasks or activities and then to reflect on the group member's individual meaning for each of them (Cole, 2012). These seven steps are designed and can be easily adapted to meet the needs or goals of any group. The seven steps include introduction, activity, sharing, processing, generalizing, application and summary (Cole, 2012). The introduction is where the therapist introduces the purpose of the session, expectation of the group members, warm-up activity and brief outline of the session (Cole, 2012). The second step is activity, which the therapist introduces the planned activity for the group session (Cole, 2012). The third step is sharing and is where the group members are invited to share their work or experience with the group (Cole, 2012). It is important that each group member is acknowledged and heard during this step. The fourth step is processing and can be one of the most difficult steps in the group (Cole, 2012). However, if is done correctly it can reveal some important and relevant information to the group process. Processing allows group members to express how they feel about their experiences and allows the members to think critically about the activity. The fifth step is generalizing where the therapist or group members generalize the common themes and patterns that emerge during the discussion (Cole, 2012). The sixth step is application, which closely follows the generalizing step, but the therapist helps the group understand how the concepts learned in group can be applied to everyday life (Cole, 2012). Lastly, the seventh step is the summary where the therapist summarizes the most important aspects from the group session, so they will be remembered and understood correctly (Cole, 2012). A good summary reviews the session goals, content, and process of the group (Cole, 2012).

Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis

Session Descriptions

Session I: Role Call

Session Description: This session is the formal introduction of the program *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis*. Throughout this session, the varying roles of the members will be addressed by the Role Checklist Assessment. The group will be provided with the chance to evaluate their varying roles that they perform daily through a series of activities and group discussion.

Session II: The Secret to Managing Stress

Session Description: This session is designed to help the group members identify one of the major components associated with their primary caregiving role, stress. During this session, the members will reflect on symptoms that they have experienced in the past or present, any unpleasant emotions they feel, the situations that cause them the most stress, and the current or past methods they have used to help manage their stress. The members will have the opportunity to reflect on the stress present in their lives and how to begin to manage it.

Session III: Creating Effective Coping Habits

Session Description: This session is designed to promote the use of effective coping strategies among the group members. During this session, the group members will be educated on coping strategies focused in the areas of relaxation, exercise, and social leisure pursuits as well as the importance of sleep and sleep preparation routines. The members will have the opportunity to create a coping strategy plan to aid in overcoming the stress that they encounter.

Session IV: Healthy vs. Unhealthy Supports

Session Description: This session will focus on helping the group members identify their personal support systems. The group members will initially reflect on the differences between a healthy and supportive relationship and an unhealthy and unsupportive relationship. The members will then complete an activity, which requires them to brainstorm what help they may need and an individual(s) in their life who is most likely to provide this assistance.

Session V: Creating your Support Village

Session Description: This group session is a continuation of the prior session as it focuses on the importance of building support systems in the lives of the group members. The group members will initially share their identified needs and the community supports or services that may address this need. The members will then complete activities that require them to identify the different personal and community supports that may be beneficial to them during times of need.

Session VI: Finding Time for Me

Session Description: This session is designed to help the group members identify how they can establish and maintain an effective routine that is conducive to their unique lifestyles. The group members will initially discuss the activities that they complete throughout the day. The members will then participate in activities that will allow them to reflect on the activities that they find

pleasurable or relaxing and the activities that may cause role strain or burnout. The group members will then brainstorm ways to modify their current routines in order to find a healthy balance between these types of activities.

Session VII: Identifying Meaningful Rituals

Session Description: This session is designed to help the group members identify how rituals are unique to each individual as they are reflective of family identity, culture and shared values. During the session, the group members will be educated on various rituals that they may consider incorporating into their families and everyday lives. Group members will then have the opportunity to reflect on the activities in their typical routines that they find meaningful and that could potentially develop into rituals.

Session VIII: Planning for the Future

Session Description: This is the final group session of the program *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis*. The group members will fill out the Role Checklist Assessment to see if their perceptions on their major life roles and the values placed on these roles have changed since the start of the program. The group members will then pick a role that was not addressed during the program and will develop an action plan based on the information learned in Sessions I-VII. Group members will then fill out an exit survey, which will address their satisfaction with the program.

Definition of Terms

MOHO Components

Person:

Volition- “A person's motivation to engage in desired occupations is influenced by values, interest and personal causation” (O’Brien, 2017, p.100).

Habituation- Regulation of patterned, familiar, and routine features of what people do, and involves a process where one automatically recognizes features and situations in the environment and constructs (O’Brien, 2017, p. 111).

Performance Capacity- The capacity for performance, contrived of the person’s musculoskeletal, neurological, cardiopulmonary, and other bodily systems, as well as mental and cognitive abilities (O’Brien, 2017, p. 103).

Lived body experience- “A person’s subjective experience and its role in how he or she performs” (O’Brien, 2017, p. 113).

Environment:

Physical- “Natural and human made spaces and the objects within them” (O’Brien, 2017, p. 114).

Social- “Groups of people and the occupational forms that people belonging to those groups perform” (O’Brien, 2017, p. 115).

Constraints- “Aspects of the environment that interfere with occupational performance” (O’Brien, 2017, p.115).

Demands- “Physical, social, and cognitive requirements for occupation” (O’Brien, 2017, p.115).

Opportunities- “Programs, social events, public transportation, and low-cost programming” (O’Brien, 2017, p.115).

Resources- “Free programming, easy access to services, trained, personnel, and financial assistance” (O’Brien, 2017, p.115).

Occupation:

Participation- “Engagement in work , play, or activities of daily living that are part of a person’s sociocultural context and that are desired or necessary to a person’s well-being” (O’Brien, 2017, p. 117).

Occupational form- “Rule-bound sequences of action that are oriented to a purpose, sustained in collective knowledge, culturally recognizable, and

names. They are available to do within a given context” (O’Brien, 2017, p.117).

Occupational components

Role- “Sets of behaviors expected by society and shaped by culture and context that may be further conceptualized and defined by the client” (AOTA, 2014, p. 27).

Habits- “Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation” (Boyt Schell, Gillen, & Scaffa, 2014, p. 1234).

Routine- “Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying and promoting or damaging” (AOTA, 2014, p. 27).

Ritual- “Shared social actions with traditional, emotional, purposive, and technological meaning contributing to values and beliefs within the group or population” (AOTA, 2014, p. 27).

Other

Primary caregiver- “An individual who transitions from a ‘traditional’ grandparent role to caregiver and assumes primary responsibility of child rearing for their grandchild/grandchildren in the absence of the parent” (Backhouse & Graham, 2012, p. 307)

Superlative- Something or someone who represents excellence (Merriam-Webster, n.d.)

Coping Strategy- “An action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one’s reaction to such a situation” (American Psychological Association, n.d.).

Wise routines- The modification of everyday activities to match energy levels with the demands of childcare in order to take charge of one's health and well-being by continued engagement in leisure and social participation occupations (Marken, Pierce, and Baltisberger, 2010).

Session I: Role Call

MOHO Components

Volition:

This session is embedded within the concept of volition. When the members fill out the Role Checklist Assessment they are identifying and prioritizing their various occupational roles that they value. Additionally, Form 1-A *Role Sentence Completion Worksheet* allows for the members to reflect on their current roles and the meaningfulness, or personal causation represented in these roles.

Habituation:

This concept is represented throughout the session in the form of identifying the individuals' roles within the Role Checklist Assessment and Form 1-A *Role Sentence Completion Worksheet*. The members are provided with the opportunity to evaluate their past, present, and future roles through the Role Checklist Assessment. However, the main focus of the session is to shed light on how the primary caregiver role has impacted performance in other meaningful roles. The idea behind the creation of this program is that many of the group members are experiencing role strain as the primary caregiver for their grandchildren. As an introductory session, the therapist will need to instill in the participants the importance of the course, and its potential to provide them with the skills and knowledge to regain control of their performance and competence in other roles.

Performance Capacity:

This session allows for the members to share the affective components that make up their experience in a variety of roles represented in their life. However, it primarily focuses on the challenges and benefits that being a primary caregiver has had on the other meaningful roles within their lives.

Environment:

Within this session the concept of the members' social environment will be represented. In this case all members will have common roles identified (father, mother, grandparent, and primary caregiver).

Session Description

This session is the formal introduction of the program *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis*. Throughout this session, the varying roles of the members will be addressed by the Role Checklist Assessment. The group will be provided with the chance to evaluate their varying roles that they perform daily through a series of activities and group discussion.

Materials Needed: Writing utensils, Role Checklist Assessments and session forms (Forms 1-A and 1-B)

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the session, group members will complete the Role Checklist Assessment.

Objective 2: By the end of the session, group members will be able to identify 1-2 challenges in their role as primary caregiver.

Objective 3: By the end of the session, group members will be able to identify 1-2 benefits in their role as primary caregiver.

Introduction

Role of the facilitator:

- Introduce yourself to the group by stating your name, title, and the name of the group that is about to begin.
 - **NOTE:** May be beneficial to provide a brief explanation of the program.
- **Group Expectations**
 - Invite the group members to create a list of expectations and norms for the group to follow throughout the entire program.
 - **NOTE:** Remember to maintain expectations that promote respect to the group members' ideas and opinions. To maintain confidentiality, no names of other members or anything said in group should be shared with others outside of the group setting. Although participation is beneficial to this learning process, no group member is ever required to answer any question, participate in an activity which may make them uncomfortable, or tell anything that they don't want to. This is a safe place and it is up to the facilitator to reinforce these guidelines.
- **Warm-up**
 - Have each member state their name and 2-3 interesting facts that they would like to share with the group.
- **Session Outline**

- This session will last approximately 90 minutes.
- Administration of the Role Checklist Assessment
- Activity
- Reflect on Activity
- Discuss application of skills to real life setting
- Assign homework and wrap up session
- **Questions**

Activity

Role of the facilitator:

- Define role: *“roles organize behavior by contributing to one’s personal identity, conveying social expectations for performance, organizing use of time, and include the individual within the social structure”* (Oakley, Kielhofner, Barris, & Reichter, 1986).
 - **Provide examples:** caregiver, parent, grandmother/grandfather, etc.
- Have group members fill out the Role Checklist Assessment
 - **NOTE:** Keep the group members’ assessments for Session VIII: Planning for the Future.
- Form 1-A *Role Sentence Completion Worksheet*: instruct the group members to turn to this form in their workbook. Instruct the members to journal about their present, past, and future roles that they identified on the Role Checklist Assessment. This will provide the group members with an opportunity to ponder the different roles they value and the factors that are allowing or preventing them from performing within these roles.

Sharing

Role of the facilitator:

- Have each group member pair up to share the following questions from their worksheet. **NOTE:** it may be beneficial to gender match the pairs depending on the group dynamics:
 - *What roles do you find valuable and important?*
 - *How are your roles similar or different now that you have assumed the primary caregiving role?*
 - *How are your roles different now?*
 - *What roles would you like to perform in the future?*
- Invite the group members to share their answers, if comfortable, to any of the questions with the entire group.
- Make notes on the group members responses for the generalizing portion of the session.

Processing

Role of the facilitator:

- Have each group member process the different feelings associated with their roles:
 - *What are the things that are allowing you to perform these roles?*
 - *What are the things that are preventing you from performing these roles?*
 - *How do you feel about your role as primary caregiver in your family?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.
- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to role identification and coming to terms with their performance in various roles:
- **Evidence base** (Optional to read the following):
 - *Providing grandparents with the potential rewards of the primary caregiving role can lessen the distress often associated with this role and sustain their investiture until the child reaches the stage of independence (Taylor, Marquis, Coall, & Werner, 2018). This can be achieved by service providers helping grandparents come up with solutions to their problems and rediscovering what is important in life (Lumpkin, 2008).*
- To prepare for Session II, assign the members Form 1-B *Identifying Stress Symptoms Homework*.
 - *Explain to group members when stress can become unhealthy:*
 - *Although stress can be a normal response to everyday pressures, it can become unhealthy when it interferes with daily functioning (Mental Health Foundation, n.d.).*
- The homework will help the group members start to reflect on their sources of stress in preparation for the following session on stress symptoms.
- **Evidence base** (Optional to read the following):

- *McLaughlin, Ryder, and Taylor (2017) found that grandparent caregivers must practice and use the skills to reinforce learning and incorporate it into their own personal skills for coping and health promotion. Therefore, homework will be given out each week to practice carryover of new skills learned in group into your everyday lives.*

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session.
- Restate the group objectives
 - **Objective 1:** By the end of the session, group members will complete the Role Checklist Assessment.
 - **Objective 2:** By the end of the session, group members will be able to identify 1-2 challenges to their role as primary caregiver.
 - **Objective 3:** By the end of the session, group members will be able to identify 1-2 benefits to their role as primary caregiver.
- Ask if anyone has questions
- Thank everyone for participating!

Role Reflection Worksheet

Roles are important as they are a set of behaviors that are expected by society and shaped by one's culture. **Examples of roles include:** caregiver, friend, family member, religious participant, and volunteer. After filling out the *Role Checklist*, reflect on how valuable or important your present, past and future roles are to you.

These roles are valuable or important to me because...

These are the roles that I currently participate in because...

These are the roles I used to participate in, but now I don't because...

These are the roles I would like to participate in the future...

These are the things that are allowing me to perform this role...

These are the things that are preventing me from performing in this role...

Form 1-B

Identifying Stress Symptoms Homework

Stress can be described as feelings of being worried, overwhelmed, or run-down (APA, n.d.). Please journal about a stressful situation that you experienced this week in the following spaces:

Describe in detail something caused you stress this week:

How did you respond to the stress (sleeping difficulties, sadness/anger, avoiding the situation, etc.)

Session II: The Secret to Managing Stress

MOHO Components

Volition:

A major outcome of this session is to promote a sense of personal causation through assisting the group members in effectively managing stress. By the end of this session, each of the members will be more aware of their stress symptoms and own set of skills and tools to overcome stressful situations they encounter through their primary caregiver role.

Habituation:

This construct of MOHO is represented in this session through the activity. A portion of the worksheet focuses on educating the members on different effective and ineffective ways individuals tend to solve stress. This portion of the activity is designed to bring awareness to those habits, both good and bad. Ultimately, upon completion of this session the members should begin to reflect on strategies to create healthy and effective ways to handle the stress they face in their lives.

Performance Capacity:

Stress is at the center of this session. Stress is primarily seen as a barrier to the grandparent's ability to carry out their caregiving role effectively. By addressing stress and how to manage it will help to promote adaptation to dealing with stressful situations in the future.

Session Description

This session is designed to help the group members identify one of the major components associated with their primary caregiving role, stress. During this session, the members will reflect on symptoms that they have experienced in the past or present, any unpleasant emotions they feel, the situations that cause them the most stress, and the current or past methods they have used to help manage their stress. The members will have the opportunity to reflect on the stress present in their lives and how to begin to manage it.

Materials Needed: Writing utensils and session forms (Forms 2-A, 2-B, and 2-C).

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each group member will be able to identify 1-2 situations or experiences that cause them stress.

Objective 2: By the end of this group session, the group members will identify 2-3 symptoms that they experience in response to stress.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - In pairs, have each group member share 2-3 sources of stress that they are currently experiencing and identified in Form 1-B *Identifying Stress Symptoms Homework*.
 - **NOTE:** it may be beneficial to gender match the pairs depending on the group dynamics
- **Session Outline**
 - This session will last approximately 60 minutes.
 - Activity
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

Activity

Role of the facilitator:

- Form 2-A *Stress Symptom Worksheet*: instruct the group members to turn to this form in their workbook. The group members will circle any stress symptoms in the 7 categories that they have experienced in the past or present. The group members will total the items circled at the end of each column. This will help group members begin to recognize the different behavioral, physical and emotional stress symptoms that they experience.
- Form 2-B: *Stress Symptom Reflection Worksheet*: instruct the group members to turn to this form in their workbook. This will help the group members further reflect on the stress symptoms that they experience the most frequently after filling out Form 2-A *Stress Symptom Worksheet*. This form will also help the members identify the emotions that they experience and the situations that cause them the most stress. Lastly, the group members will consider the strategies that are currently working or have worked in the past to help them manage their stress.

Sharing

Role of the facilitator:

- In pairs, have the group members up share the following questions. **NOTE:** it may be beneficial to gender match the pairs depending on the group dynamics.
 - *What are the stress symptoms you've experienced the most?*
 - *What are the experiences or situations that cause you the most stress?*
 - *What strategies are you currently using or have used in the past to help manage your stress?*
- Invite the group members to share their answers, if comfortable, to any of the questions with the entire group.
- Make notes on the group members responses for the generalizing portion of the session.

Processing

Role of the facilitator:

- Have each group member process the different feelings:
 - *How did you feel thinking about some of the stress in your life?*
 - *Do you feel that you manage stress effectively?*
 - *Why do you think managing stress is important?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.
- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to identification of stress symptoms, and their overall awareness of the experiences/situations that affect their stress levels:
- **Evidence Base** (Optional to read the following):
 - *The loss of the traditional grandparent role and switch to a parental role may provoke feelings of being unrecognized, disadvantaged, misunderstood, and isolated within their own communities (Backhouse & Graham, 2012). As grandparents enter this new role in the middle to later stages of their life, it is not uncommon for these individuals to face a unique array of social, emotional, mental, financial and physical challenges. Grandparents may experience an increased demand in child rearing and household tasks, and give up time and energy to participate in more pleasurable and restorative tasks like activities of daily living (ADL), leisure, and social activities (Manns et al., 2017; Marken & Howard, 2014). Additionally, the financial hardships of raising a grandchild (ren) on a fixed budget is challenging for grandparents as they are at an economic disadvantage. Grandparents reported that stress and fatigue had an impact on their ability to care for their grandchildren, which interfered with their sleep and daily functioning (Clotney, Scott, & Alfonso, 2015).*
- To prepare for Session III, assign the members Form 2-C *Coping Strategies Homework*.
 - Explain what a coping strategy is: *According to the American Psychological Association [APA], (n.d.) a coping strategy is "an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation".*

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session .
- Restate the group objectives

- **Objective 1:** By the end of the group session, each group member will be able to identify 1-2 situations or experiences that cause them stress.
- **Objective 2:** By the end of this group session, the group members will identify 2-3 symptoms that they experience in response to stress.
- Ask if anyone has questions
- Thank everyone for participating!

Stress Symptom Worksheet

Circle any symptoms you have experienced in the past or present in response to stress.

Rest/Sleep	Diet	Physical	Medical Management (medications, appointments)	Self-Care/House Keeping	Social/Leisure	Other
Too little sleep	Stomach aches	Nervousness or Shakiness	Forgetting to take medication	Exercising less	Not spending time with friends or loved ones	
Too much sleep	Eating too much	Headaches	Frequent colds & infection	Not showering	Decreased sex drive	
Fatigue	Not eating enough	Muscle Tension	Self-medication	Wearing dirty clothes	Wanting to be alone	
Nightmares	Cravings	Changes in breathing	Not attending medical appointments	Dirty/cluttered home	Lacking interest in previously enjoyed activities	
Difficulty relaxing	Drug, alcohol or tobacco use	Chest pain or rapid heartbeat	Stop taking medication	Not brushing teeth	Spending more time at home	
Total:	Total:	Total:	Total:	Total:	Total:	Total:

Stress Symptom Reflection Worksheet

Using Form 2-A *Stress Symptom Worksheet*, these are the symptoms that I experience most frequently when faced with stress:

1.

2.

3.

Circle the feelings that you experience during stressful times:

Anger

Sadness

Worthlessness

Moody

Frustration

Guilt

Shame

Overwhelmed

These are the experiences or situations that cause me the most stress:

These are the strategies that I currently use or have used in the past that have helped me manage my stress:

Coping Strategies Homework

What is a coping strategy? According to the American Psychological Association [APA] (2018), a coping strategy is “an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one’s reaction to such a situation”.

What are some examples of coping strategies? Listening to music, going for a walk, playing cards with friends, etc.

STRESS SYMPTOMS	COPING STRATEGIES THAT WORK	COPING STRATEGIES THAT DON'T WORK
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Session III: Creating Effective Coping Habits

MOHO Components

Volition:

This concept will occur in the session through the promotion of occupational choice during the activities. The members will be provided with the opportunity to choose various coping strategies that they feel will work for them. Many of the choices they make will be derived from personal interests and causation.

Habituation:

An outcome of the session is to identify coping strategies and sleep preparation techniques, which are beneficial in promoting health and wellness, but only if they are performed consistently. At the end of this session the members will be asked to create a plan to implement the various coping strategies they identified as meaningful into their weekly routine, with hopes that these strategies will manifest into habits.

Performance Capacity:

Within the homework portion of this session, the members are asked to participate in at least two activities of their choice before the next session. This resembles the lived body experiences associated with one's performance capacity, as they apply the activity in their life and then reflect on their experience. By implementing this activity it is anticipated that the caregivers will become more mindful and aware of their experiences participating in meaningful occupations, and further develop these useful habits into routines, and ultimately rituals.

Environment:

This concept is represented within this session through the influence of both physical and social environments when choosing and implementing coping strategies. Many of the strategies that the members may choose will be based on resources, and whether or not they are performed individually or with others. Individuals will have several constraints (time, finances, resources) that may hold them back from choosing one strategy over another.

Session Description

This session is designed to promote the use of effective coping strategies amongst the group members. During this session, the group members will be educated on coping strategies focused in the areas of relaxation, exercise, and social leisure pursuits as well as the importance of sleep and sleep preparation routines. The members will have the opportunity to create a coping strategy plan to aid in overcoming the stress that they encounter.

Materials Needed: Writing utensils, and session forms (Forms 3-A, 3-B, 3-C, and 3-D).

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each group member will be able to identify 1-2 relaxation choices that they may use weekly to reduce stress.

Objective 2: By the end of the group session, each group member will be able to identify 1-2 exercise choices that they may use weekly to reduce stress.

Objective 3: By the end of the group session, each group member will be able to identify 1-2 social/leisure choices that they may use weekly to reduce stress.

Objective 4: By the end of the group session, each group member will be able to identify 1-2 sleep preparation steps that they can use in a daily sleep routine.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - In pairs, have members share with each other their answers from Form 2-C: *Coping Strategies Homework*.
 - Once shared in pairs, invite members to share with the entire group if comfortable doing so.
- **Session Outline**
 - This session will last approximately 60 minutes.
 - Activity
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session

- Questions

Activity

Role of the facilitator:

- Form 3-A *Creating Healthy Habits*: instruct the group members to turn to this form in their workbook. The group members will use the healthy habits from this form to help them identify coping strategies that they may include in their daily lives to help reduce stress.
- Form 3-B *Healthy Sleeping Habits*: instruct the group members to turn to this form in their workbook. Discuss the suggestions for improved sleep, the problems associated with a lack of sleep, and what to do if they continue to experience sleep deprivation.
- Form 3-C *Stress Buster*: instruct the group members to turn to this form in their workbook. Group members will identify 3 coping strategies for each exercise, relaxation, social leisure engagement, and sleep category. The coping strategies identified in Form 2-C *Coping Strategies Homework*, the information on Forms 3-A *Creating Healthy Habits* and 3-B *Healthy Sleeping Habits*, or other coping strategies that came up in the group discussion may be used to fill out the different boxes. This will help the group members broaden their choices for not only coping with stressful situations, but also for helping to reduce stress in their everyday lives.

Sharing

Role of the facilitator:

- Have each group member share the following questions from their worksheets:
 - *What are some exercise, relaxation, social leisure, sleep preparation activities that you may use to help reduce stress?*
 - *Do you neglect any of these activities during stressful times?*
 - *During what stressful situations may you use these activities?*
- Make notes on the group members responses for the generalizing portion of the session.

Processing

Role of the facilitator:

- Have each group member process the different feelings:
 - *Why do you feel it is important to participate in exercise, relaxation, social leisure, and sleep preparation?*
 - *How do you usually feel after participating in exercise, relaxation, and social leisure activities?*
 - *How do you feel that incorporating these activities into your daily or weekly lives would help to manage your stress?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.
- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to identifying coping strategies to help deal with and prevent stressful situations:
- **Evidence Base** (Optional to read the following):
 - *The literature shows that building on caregivers' effective coping skills through active problem-focused strategies and emotion-focused strategies has been found to be beneficial tactics in managing stress (Lumpkin, 2008 & Kirby and Sanders, 2012). Problem-focused strategies involve coming up with solutions to problems by dealing with them through problem solving, time management, and obtaining social support (Lumpkin, 2008). Emotion-focused strategies are reappraising the situation and rediscovering what is important in life (Lumpkin, 2008). Therefore, it is important to develop a plan of action and setting time aside for oneself in order to ensure effective coping.*
- To prepare for Session IV, instruct the group members to turn to Form 3-D *Support Report Homework*.

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session.
- Restate the group objectives
 - **Objective 1:** By the end of the group session, each group member will be able to identify 1-2 relaxation choices that they may use weekly to reduce stress.
 - **Objective 2:** By the end of the group session, each group member will be able to identify 1-2 exercise choices that they may use weekly to reduce stress.

- **Objective 3:** By the end of the group session, each group member will be able to identify 1-2 social/leisure choices that they may use weekly to reduce stress.
- **Objective 4:** By the end of the group session, each group member will be able to identify 1-2 sleep preparation steps that they can use in a daily sleep routine.
- Ask if anyone has questions
- Thank everyone for participating!

Creating Healthy Habits

Use these items to identify healthy habits that you may include in your daily lives to help reduce stress.

Relaxation Choices

- Meditate
- Write in Journal
- Read
- Take a Relaxing Bath or Shower
- Listen to Music
- Play Cards
- Take a Nap
- Do a Puzzle
- Other:

Exercise Choices

- Walk
- Bike
- Yoga or Tai Chi
- Play a Sport
- Jog or Run
- Lift Weights
- Swim
- Pilates
- Attend an Exercise Class
- Dance
- Other:

Social Leisure Choices

- Have Coffee with a Friend
- Go to a Movie
- Visit Someone
- Meet for Lunch
- Play a Board Game
- Go to a Park
- Visit the Library
- Attend a Community Event
- Go for a Ride
- Outdoor Recreation
- Other:

Adapted from *The Sensory Connection Program Curriculum for Self-Regulation* by K.M. Moore, 2015, Framingham, MA: Therapro. Copyright by Therapro. Adapted with permission from Karen M. Moore.

Healthy Sleeping Habits

SUGGESTIONS FOR IMPROVED SLEEP

- Establish a consistent sleep routine
- Avoid daytime naps
- Exercise daily (5-6 hours before bedtime)
- Avoid caffeine and foods that may upset your stomach
- Play restful music or listen to a meditation application
- Try reading something pleasurable before bed
- Avoid screen time (watching television, looking at your cell phone) 30 minutes prior to your bedtime
- Pick a certain time at night when you will stop working, planning, and worrying and relax!

LACK OF SLEEP CAN CAUSE

- Decreased understanding
- Slow movements
- Lack of interest in enjoyed tasks
- Lost work time and poor performance
- Danger in the workplace
- Dangerous driving
- Increased frustration
- Symptoms that mirror depression

IF YOU CAN NOT SLEEP

- Contact your doctor if the problems persist
- Engage in non-sleep relaxing activities (e.g. listen to music, ride in the car, mediate, swing on a porch chair, listen to audio tapes, read)

Adapted from *The Sensory Connection Program Curriculum for Self-Regulation* by K.M. Moore, 2015, Framingham, MA: Therapro. Copyright by Therapro. Adapted with permission from Karen M. Moore.

Stress Buster

Identify 3 choices in each category. Use the options from Form 3-A *Creating Healthy Habits* and 3-B *Healthy Sleeping Habits* for suggestions or identify something else you would enjoy. The secret to managing stress is to create healthy daily habits that include exercise, relaxation, social leisure, and good sleep habits.

Exercise	Relaxation
Social Leisure	Sleep Preparation

Support Report Homework

Please fill out the tables below in order to apply the information learned in the session to your everyday lives. Reflect on your experience doing the activities in the spaces below. The following are some questions to help you deeply reflect on these experiences.

Identify one exercise, relaxation, social leisure, or sleep preparation activity that you did alone this week:
How did it feel doing the activity?
Explain if there were any parts of the activity that made you feel less or more stressed?

Pick one activity and perform it with another individual (spouse, grandchild, friend, etc.). Please list the activity:
How did you feel doing the activity?
Explain if there were any parts of the activity that made you feel less or more stressed?

Session IV: Healthy vs. Unhealthy Supports

MOHO Components

Volition:

Volition is represented in this session through the members' values. They will have the opportunity to express their values of what comprises a healthy and unhealthy relationship. Within the activity, they will also have to identify individuals that make up their support system based off a series of questions pertaining to whom may provide assistance in each area of their life.

Habituation:

The concept of habituation presented in this session is the member's roles and the healthy and unhealthy relationships present in their lives. The roles that will be addressed are related to the social groups and those individuals that they can rely on when they need additional support.

Environment:

This session emphasizes the members' supports and the role these supports play within their lives. Supports are an instrumental part of one's social environment and assist in describing constraints and demands to an individual's occupational performance. In this session the members will reflect on both aspects of their social environment and further determine support opportunities and resources available to them.

Session Description

This session will focus on helping the group members identify their personal support systems. The group members will initially reflect on the differences between a healthy and supportive relationship and an unhealthy and unsupportive relationship. The members will then complete an activity, which requires them to brainstorm what help they may need and an individual(s) in their life who is most likely to provide this assistance.

Materials Needed: Writing utensils, whiteboard OR large Post-it Note Easel Pad and session forms (Forms 4-A and 4-B).

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each member will be able to identify 2-3 individuals that they may rely on for support in different situations.

Objective 2: By the end of the group session, each member will be able to identify 1-2 to key differences between healthy and supportive vs. unhealthy and unsupportive relationships.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - Review Form 3-D *Support Report Homework*: and invite each member to share their experiences carrying out the homework assignment.
- **Session Outline**
 - This session will last approximately 60 minutes.
 - Activity
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

Activity

Role of the facilitator:

- Each group member will have a few minutes to ponder the question: *“what do healthy and supportive relationships look like to you?”* and *“what do unhealthy and unsupportive relationships look like to you?”* The group members should then be encouraged to share their answers.
 - Write the group members responses on a whiteboard or large Post-it Easel Pad
- Form 4-A *Support System Superlatives Worksheet*: instruct the group members to turn to this form in their workbook. The group members will use the worksheet to assign support superlatives to their friends and family. This will help the members decide what they need help with and who is most likely to provide the best assistance in the given situations.
 - Explain a superlative: *a superlative is someone that represents excellence (Merriam-Webster, n.d.).*
 - **NOTE:** As the members are filling out Form 4-A *Support System Superlatives Worksheet*: remind the group members to ponder the healthy and unhealthy characteristics that they brainstormed previously.

Sharing

Role of the facilitator:

- Have each group members share the following questions from their worksheets:
 - *Who are 2-3 supports that you identified as the most likely to provide the best assistance?*
 - *Do you have any unhealthy relationships with any of the individuals that you identified?*
- Make notes on the group members responses for the generalizing portion of the session

Processing

Role of the facilitator:

- Have each group member process the different feelings:
 - *How does it feel to be in an unhealthy vs. healthy relationship?*
 - *Why are support systems important?*
 - *What are some ways that you can broaden your support system?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.

- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to the importance of support systems.
- **Evidence Base** (Optional to read the following):
 - *Decreased social support and increased social isolation are a reality for many grandparents. Grandparents who experience less social support from family and friends have higher levels of anxiety, depression and stress (Doley, Bell, Watt, Simpson, 2015). Social support is one of the most popular and widely used interventions for this population as they appear to be crucial to the physical and mental health of primary grandparent caregivers, as well as their ability to cope with the demands of parenting (Hayslip & Kiminski, 2005; Kirby, 2015).*
- To prepare for Session V, assign the members Form 4-B *Community Resources Homework*:
 - Explain community resources: *Community resources are certain assets within communities that help individuals obtain the necessary goods and services needed to live.*
 - Examples of community resources may include: churches, government programs, Salvation Army, etc.
 - If the group members are unable to identify any community resources, explain that they will be addressed in Session V.

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session.
- Restate the group objectives
 - **Objective 1:** By the end of the group session, each member will be able to identify 2-3 individuals that they may rely on for support in different situations.
 - **Objective 2:** By the end of the group session, each member will be able to 1-2 to key differences between healthy and supportive vs. unhealthy and unsupportive relationships.
- Ask if anyone has questions
- Thank everyone for participating!

Support System Superlatives Worksheet

Assign support superlatives to your friends and family. A **superlative** is someone that represents excellence. Decide what you need help with and then decide who's most likely to provide the best assistance.

1. Best listener _____
2. Best advice giver _____
3. Most likely to not pass judgment _____
4. Most understanding _____
5. Most likely to help me manage my finances _____
6. Most likely to make me laugh _____
7. Most likely to tell me the truth _____
8. Most likely to motivate me _____
9. Most likely to quickly respond in an emergency situation _____
10. Most likely to help me out when I'm stressed _____
11. Most likely to watch my grandchild _____
12. Most likely to carpool to and from my grandchild's activities _____
13. Most likely to give me advice on my addicted child _____
14. Most likely to give me the best parenting advice on my grandchild _____
15. Most likely to still be supportive a year from now _____

Adapted with permission from What's Your Grief. (n.d.). *Support systems superlatives*. Retrieved from <https://whatsyourgrief.com/support-system-superlatives-a-journaling-exercise>.

Community Resources Homework

Fill out the following form based on your identified need and the community support you may use or have used in the past to help address this need. Please write the name and contact information of the community support as it may be a resource other group members' could use. **Examples of supports or services** offered within a community may be churches, government programs, Salvation Army, etc.

Identified Need:

Community supports that I currently use:	Community supports that I'm currently lacking:
Name & Contact Information:	

Identified Need:

Community supports that I currently use:	Community supports that I'm currently lacking:
Name & Contact Information:	

Identified Need:

Community supports that I currently use:	Community supports that I'm currently lacking:
Name & Contact Information:	

Session V: Creating your Support Village

MOHO Components

Volition:

The caregivers' interests and values are addressed in this session. The members of the group will have to identify their unmet needs in order to become more aware of the possible supports available in their community. This session also promotes the caregivers drive for change toward broadening and utilizing their support networks. In order to do this, the individuals need to identify and become aware of the areas of their lives in which they need assistance and support from others. Once they have done this, they will be more apt to discover supports that may be most beneficial to them and their personal circumstances. By the end of the session, the members will have created a list of potential resources and a plan to implement these resources. It is anticipated that the use of supports will aid the caregivers in feeling more confident in their ability to carry out their role as caregivers.

Habituation:

A small portion of this session begins to address the members' daily routines. The homework introduces the concept of one's daily routine and provides a visual representation of how it may be impacted due to occupations associated with marginal roles, or of minimal importance to the caregivers. The expected outcome of this activity is to bring awareness to the group members and begin to instill a drive for change.

Environment:

This session is an extension to the prior session, and allows for the participants to expand their support network. Again, it focuses on the members' social environment addressing the social groups that surround them. The homework and group activities address the barriers and constraints the members face when finding services and other supports within their community, and also provides them with an opportunity to identify the additional resources available.

Session Description

This group session is a continuation of the prior session as it focuses on the importance of building support systems in the lives of the group members. The group members will initially share their identified needs and the community supports or services that may address this need. The members will then complete activities that require them to identify the different personal and community supports that may be beneficial to them during times of need.

Materials Needed: Writing utensils and session forms (Forms 5-A, 5-B, 5-C, and 5-D).
Prior to session, the facilitator will need to create a list of community resources fitting the needs of the group.

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each member will be able to identify 2-3 community resources that may be beneficial to their caregiving role.

Objective 2: By the end of the group session, each member will be able to identify 1-2 steps that they can take to broaden their personal and community supports.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - Review Form 4-B *Community Resources Homework* and invite each member to share the two community supports that they discovered.
 - Direct members attention to Part B of Form 4-B *Community Resources Homework* to list additional resources they are interested in.
 - Utilize list of community resources prepared prior to session to aid in the warm-up.
- **Session Outline**
 - This session will last approximately 60 minutes.
 - Activity
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

Activity

Role of the facilitator:

- Form 5-A *Wheel of Support*: instruct the group members to turn to this form in their workbook. The *Wheel of Support Worksheet* will have four circles. The first circle in the middle will be “me”, the second circle will be “close family”, the third circle will be “extended family and friends”, and the fourth circle will be “community”. The *Wheel of Support* will integrate information from worksheet Form 4-A *Support System Superlatives* and Form 4-B *Community Resources Homework* to give group members a better visualization of the personal and community supports available to them.
- Form 5-B *Step Toward Support!*: instruct the group members to turn to this form in their workbook. On the worksheet the group members will write out the action steps that they will take to better use their personal and community supports.

Sharing

Role of the facilitator:

- Have each group member share the following questions from their worksheets:
 - *Who are 2-3 community supports that you identified as the most likely to provide the best assistance?*
 - *What are some steps that you can take to broaden your support system?*
- Make notes on the group members responses for the generalizing portion of the session.

Processing

Role of the facilitator:

- Have each group member process the different feelings:
 - *Do you feel that some support may be more beneficial than others? If so how?*
 - *Why do you feel it is beneficial to identify your support village?*
 - *How do you feel that including these supports in your everyday lives may help you manage your stress?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.

- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to support systems.
- **Evidence Base** (Optional to read the following):
 - *Social support is one of the most popular and widely used interventions for this population as they appear to be crucial to the physical and mental health of primary grandparent caregivers, as well as their ability to cope with the demands of parenting (Hayslip & Kiminski, 2005; Kirby, 2015). Lumpkin (2008) found that grandparents relied on social support to cope with the stress of parenting and not just on themselves.*
 - *Fruhauf et al. (2015) found that grandparents are often unaware of how to navigate the services and resources available within their community. Therefore, it is necessary that services providers need to be aware of the different services available and how to utilize them (Fruhauf et al., 2015).*
- To prepare for Session VI, assign the group members Form 5-C *Daily Time Log Homework*.

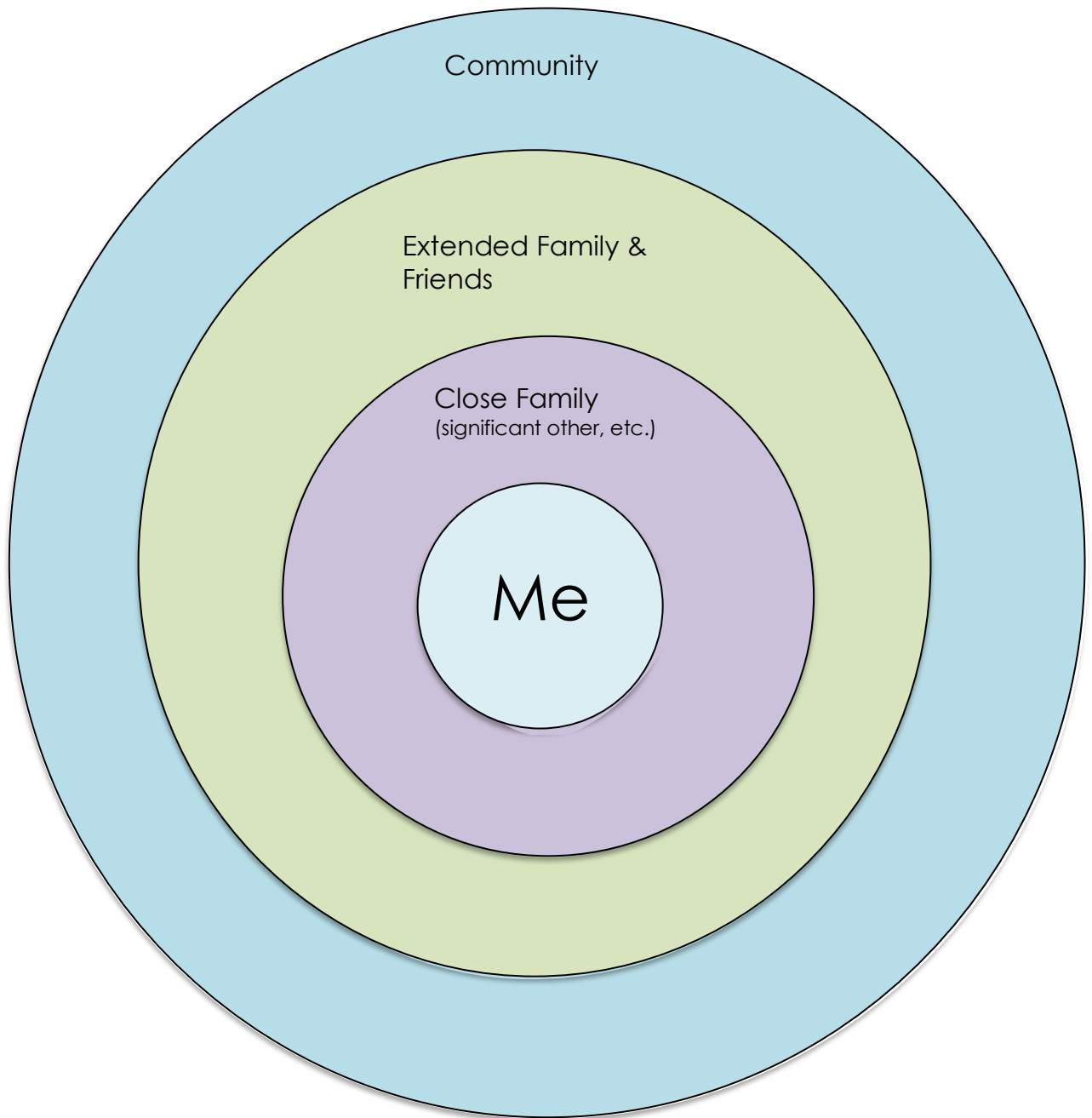
Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session .
- Restate the group objectives
 - **Objective 1:** By the end of the group session, each member will be able to identify 1-2 steps that they can take to broaden their personal and community supports.
 - **Objective 2:** By the end of the group session, each member will be able to identify 2-3 community resources that may be beneficial to their caregiving role.
- Ask if anyone has questions
- Thank everyone for participating

Wheel of Support

Fill out the Wheel of Support to identify your close family, extended family and friends, and community supports that you currently have or plan to use in the future.



Step Toward Support!

What specific steps could you take to better use your personal and community supports?

1.

2.

3.

Example: Daily Time Log Homework

12:00 (midnight)	Sleep
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	Wake up, shower, wake up kids
7:00	Make breakfast, and kids lunches, eat breakfast
8:00	Drop kids off at school, go to work
9:00	Work
10:00	
11:00	
12:00 (noon)	
1:00	
2:00	
3:00	
4:00	
5:00	Pick-up kids & go to after school activities
6:00	
7:00	Eat dinner
8:00	Help kids with homework
9:00	Get the kids ready for bed
10:00	Pick up house

Daily Time Log Homework

Pick an “average” day to journal the activities that occur throughout this day.

12:00 (midnight)	
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	
11:00	
12:00 (noon)	
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	

Session VI: Finding Time for Me

MOHO Components

Volition:

Personal causation is represented in the first part of the activity as the members will have to demonstrate an awareness of the importance of their daily routine. Along with this, the members will be educated on the importance of balancing out their daily routine with occupations that are both fatiguing or relaxing and pleasurable. These activities will be of interest and value to the group members as it will help to initiate more control over their daily routine.

Habituation:

This session focuses on the importance of routines and finding a balance within the caregivers' occupations by promoting the use of "wise routines". This will help to address the habituation concept represented in MOHO.

Session Description

This session is designed to help the group members identify how they can establish and maintain an effective routine that is conducive to their unique lifestyles. The group members will initially discuss the activities that they complete throughout the day. The members will then participate in activities that will allow them to reflect on the activities that they find pleasurable or relaxing and the activities that may cause role strain or burnout. The group members will then brainstorm ways to modify their current routines in order to find a healthy balance between these types of activities.

Materials Needed: Writing utensils and session forms (Forms 6-A, 6-B, and 6-C).

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each member will be able to identify 2-3 daily activities that require a great amount of energy and cause burn out throughout their day.

Objective 2: By the end of the group session, each member will be able to identify 2-3 relaxing and pleasurable activities or tasks.

Objective 3: By the end of the group session, each member will create a “wise routine” most conducive to their personal and familial needs.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - Invite each member to share their daily routine from Form 5-D *Daily Time Log Homework*.
- **Session Outline**
 - This session will last approximately 60 minutes.
 - Activity
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

Activity

Role of the facilitator:

- Form 6-A *Finding the Balance*: instruct group members to turn to this form in their workbook. Using Form 5-C *Daily Time Log Homework*: have the group members fill out the activities completed the previous week that they find cause them burn out and the activities they view as relaxing and pleasurable. This will help the group members reflect on the different activities they complete throughout an average day.
- Form 6-B *My Wise Routine*: instruct group members to turn to this form in their workbook. Explain to the group members “wise routines”.
 - *Wise routines are “modifying everyday activities to match energy levels with the demands of childcare in order to take charge of one's health and well-being by continued engagement in leisure and social participation occupations” (Marken, Pierce & Baltisberger, 2010).*
 - Group members will then brainstorm ways to modify their current routines in order to find a healthy balance between activities that cause them burn out versus activities that are relaxing and pleasurable.

Sharing

Role of the facilitator:

- Have each group member share the following questions from their worksheets:
 - *What are 2-3 activities that cause you burn out?*
 - *What are 2-3 activities that you find relaxing or pleasurable?*
 - *When can you fit more relaxing activities into your daily routine?*
- Make notes on the group members responses for the generalizing portion of the session.

Processing

Role of the facilitator:

- Have each group member process the different feelings:
 - *Why do you feel some of these activities cause you burn out?*
 - *Why do you feel some of these activities are relaxing and pleasurable?*
 - *Why do you feel it is beneficial to create wise routines?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.

- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to establishing wise routines:
- **Evidence Base** (Optional to read the following):
 - *Establishing and maintaining an effective routine most conducive to unique lifestyles and occupational demands can be beneficial in allowing opportunities for pleasure and restoration for grandparent caregivers (Marken et al., 2010). It is important to empower grandparent caregivers to take charge of their health and well-being by emphasizing the relationship between continued engagement in leisure and social participation to ensure positive health outcomes (Marken et al., 2010). By being mindful and intentional about incorporating simple everyday activities throughout the grandparents' routines, this can help to increase feelings of pleasure and restoration while decreasing burnout and role strain (Manns et al., 2017).*
- To prepare for Session VII, assign the members Form 6-C *Practicing My New Routine Homework*.

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session .
- Restate the group objectives
 - **Objective 1:** By the end of the group session, each member will be able to identify 2-3 daily activities that require a great amount of energy and cause burn out throughout their day.
 - **Objective 2:** By the end of the group session, each member will be able to identify 2-3 relaxing and pleasurable activities or tasks.
 - **Objective 3:** By the end of the group session, each member will create a “wise routine” most conducive to their personal and familial needs.
- Ask if anyone has questions
- Thank everyone for participating!

Finding the Balance

Review the activities and tasks that make up your Form 5-C *Daily Time log Homework*. Place each activity in the left or right column.

Activities that require a great amount of energy and cause me to be burnt out:	Activities that I view as pleasurable and relaxing:

These are activities that I wish I could do more of throughout my daily routine:

My Wise Routine

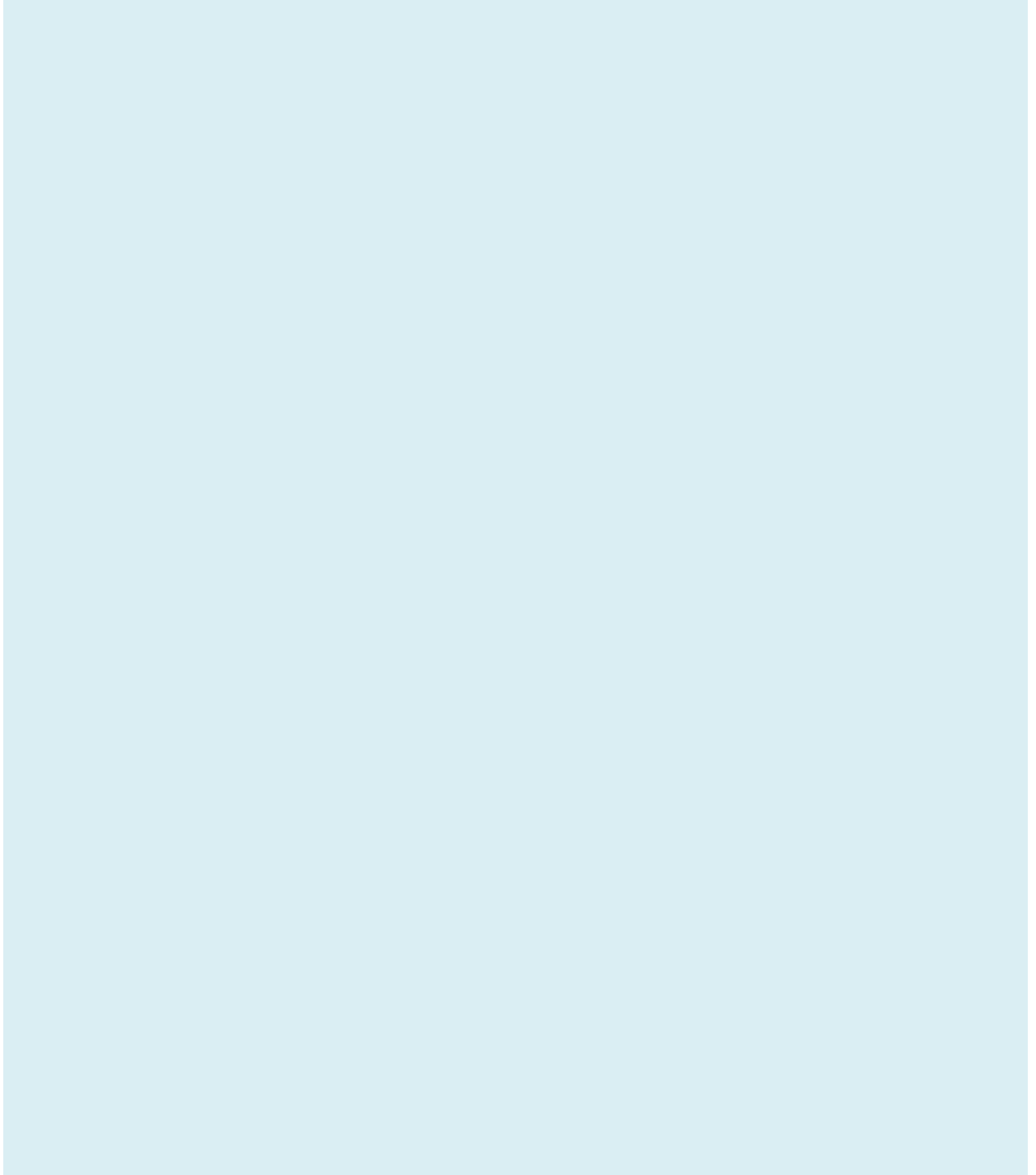
Use the information from Form 6-A *Finding the Balance* to help you fill out the following form. Be sure to apply a balance of activities that cause burnout and that you find relaxing and pleasurable within your daily routine.

12:00 (midnight)	
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	
11:00	
12:00 (noon)	
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	
10:00	

Form 6-C

Practicing My New Routine Homework

Pick one day in the following week to practice the new daily routine that you created on Form 6-B *My Wise Routine*. Journal about how the day went in the following space:



Session VII: Identifying Meaningful Rituals

MOHO Components

Volition:

This session's main focus is the primary caregivers' rituals. Rituals are heavily tied to affective components, symbolic, spiritual, cultural, or social meaning that contributes to the individuals' personal identity and the reinforcement of values and beliefs (AOTA, 2014). Additionally, this session promotes the concept of occupational choice as each member of the group will have a different connection to certain rituals.

Habituation:

Within this session, the grandparent caregivers will be educated on the distinct role that rituals play in their lives. Each individual will have a unique set of personal rituals. The members will be provided an opportunity to explore and choose rituals to implement into their lives to enhance their overall occupational performance.

Environment:

Although rituals can be performed independently or in groups, the environment can greatly impact the caregivers' participation in meaningful rituals. The natural or physical environment plays a factor in the value of the ritual as well as what rituals can be performed. If there are a variety of physical constraints, then the members may need to adapt or modify their rituals to fit into their environment. As for the social environment, culture and family will be the most influential in the caregivers' choice of rituals.

Session Description

This session is designed to help the group members identify how rituals are unique to each individual as they are reflective of family identity, culture and shared values. During the session, the group members will be educated on various rituals that they may consider incorporating into their families and everyday lives. Group members will then have the opportunity to reflect on the activities in their typical routines that they find meaningful and that could potentially develop into rituals.

Materials Needed: Writing utensils and session forms (Forms 7-A, 7-B, and 7-C).

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each member will be able to identify 2-3 rituals that provide meaning and value to their everyday lives.

Objective 2: By the end of the group session, each member will be able to identify 2-3 rituals that they will perform on a regular basis.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - Invite each member to share Form 6-C *Practicing My Daily Routine Homework*
- **Session Outline**
 - This session will last approximately 60 minutes.
 - Activity
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

Activity

Role of the facilitator:

- Form 7-A *Brainstorming Rituals*: instruct group members to turn to this form in their workbook. Define rituals to the group:

- *Rituals are “shared social actions with traditional, emotional, purposive, and technological meaning contributing to values and beliefs within the group or population” (AOTA, 2014, p. 27).*
 - Examples of rituals: holiday celebrations, having weekly family dinners, etc.
- Have group members look over the list independently and ask if they have any questions before proceeding
- Form 7-B *Rituals*: instruct group members to turn to this form in their workbook. They will list out meaningful activities that they associate as rituals. Instruct the group members to reflect back to Form 6-C *Practicing My Daily Routine Homework*: to see if they would turn their “new routines” into rituals. The last step on the form will encourage group members to think deeply about the activities or rituals they listed and identify the sense of meaning it provides to them.
 - **NOTE: Identifying the affective relation and meaningfulness of the listed item is critical to the activity because it helps them to differentiate the ritual from a routine, or habit.**

Sharing

Role of the facilitator:

- Have each group member share their thoughts and feelings to the following questions:
 - *What kind of daily/weekly rituals do you consistently do?*
 - *Are there any new rituals that you would like to include into your life?*
 - *Which of your rituals do you consider to be helpful? Which do you consider to be unhelpful?*
 - *How are your rituals shaping your life (finances, relationships, health, career, etc.)?*
- Make notes on the group members responses for the generalizing portion of the session.

Processing

Role of the facilitator:

- Have each group member process the different feelings:
 - *Why do you feel that these rituals are meaningful to you?*
 - *Why do you feel it is beneficial to do rituals consistently?*
- Make notes on the group members responses for the generalizing portion of the session.

Generalizing

Role of the facilitator:

- Make notes on the common elements/opinions, disagreements/conflicts, and issues that stimulated the group and evoked spontaneous conversation during the activity, sharing, and processing portion of the session.
- Use the following questions to guide the group toward formulation of the session's key points and any patterns that emerge:
 - *What are some similarities and differences that were shared in the group?*
 - *Could you relate with what the others were saying?*
 - *Was there something that somebody said that stood out to you?*
- Summarize key points of today's group:

Application

Role of the facilitator:

- Discuss how the activity relates to rituals:
 - *Rituals are distinct and unique to particular families, reflecting family identity, culture, and shared values" (Spagnola & Fiese, 2007). While routines work to organize one's daily activities, rituals provide a sense of belonging and symbolic meaning to individuals within the family structure (Harrist, Henry, Liu, & Morris, 2019). The disruption of rituals is more impactful as it interrupts family cohesion due to the patterns being deeply embedded in meaning and emotional connection (Harrist et al., 2019). Harrist et al. (2019) suggest that assuming additional members to the household incorporates a need for change in the emotion, control, and identity systems of the family. This indicates that facilitating new routines and rituals amongst the family unit, especially the grandparent caregivers could provide a new sense of belonging.*
- To prepare for Session VIII, assign the members Form 7-C Ritual Homework.

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session .
- Restate the group objectives
 - **Objective 1:** By the end of the group session, each member will be able to identify 2-3 rituals that provide meaning and value to their everyday lives.
 - **Objective 2:** By the end of the group session, each member will be able to identify 2-3 rituals that they will perform on a regular basis.
- **Remind group members that Session VII is the last group session.**
- Ask if anyone has questions
- Thank everyone for participating!

Brainstorming Rituals

Enjoying some quality, one-on-one time with your pet
Writing letters or cards to long-distance friends once a week
Watching your favorite evening news show on TV
Attending religious services
Reading for a few minutes at bedtime
Spending a couple minutes reflecting on all the things you have to be grateful for
Sitting for a few minutes of quiet contemplation, in meditation or prayer
Getting a professional massage once a month
Browsing through your favorite store
Enjoying a quiet cup of coffee or tea
Reading the newspaper
Taking an afternoon nap
Exercising in the morning, afternoon, or evening
Eating a family dinner
Singing or listening to a favorite song
Cooking or baking
Hunting or fishing

Other:

Rituals

Step 1: For the first part of this activity please list activities that you find meaningful.

Step 2: For the second part of this activity please write down what you find meaningful about each of the activities you listed.

Step 3: What activities identified in the Form 6-C *Practicing My New Routine Homework* could you turn into rituals?

Step 1
<ul style="list-style-type: none">•••
Step 2
<ul style="list-style-type: none">•••
Step 3
<ul style="list-style-type: none">•••

Form 7-C

Ritual Homework

Choose 1-2 new or previously practiced rituals you identified on Form 7-B *Rituals*, and practice doing them throughout the week. Journal about the ritual(s) you did in the following space.

Session VIII: Planning for the Future

MOHO Components

Volition:

This session is largely reflective of the group members' ability to become more effective in their role as primary caregiver. The activity focuses on the individuals' ability to carry out the primary caregiver role (personal causation). Within this activity, the members are encouraged to use their personal values and beliefs to create a plan that will assist them in their desired roles.

Habituation:

The activity in this final session compiles all of the information gathered from the prior sessions. The hopes for this activity is to allow for the caregivers to create a plan that will promote the development of effective habits, implementation of efficient routines, and continued participation in meaningful rituals to increase their overall satisfaction within the various roles they perform.

Performance Capacity:

The members have just completed 7 sessions of the program, have gained the knowledge and skills to participate in their desired roles and will demonstrated this by creating an action plan to continue engagement in these roles. Through the activity, sharing and processing portions of the session, each group will be sharing their subjective experience of their role as member of the program.

Session Description

This is the final group session of the program *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis*. The group members will fill out the Role Checklist Assessment to see if their perceptions on their major life roles and the values placed on these roles have changed since the start of the program. The group members will then pick a role that was not addressed during the program and will develop an action plan based on the information learned in Sessions I-VII. Group members will then fill out an exit survey, which will address their satisfaction with the program.

Materials Needed: Writing utensils, Role Checklist Assessments and session forms (Form 8-A).

Group Membership: 8-10 members of the surrounding community who are primary caregivers to their grandchildren due to parental opioid misuse.

Objective 1: By the end of the group session, each group member will identify a role(s) that is still in need of support.

Objective 2: After participation in the *Role Action Plan* activity, the group members will be able to identify 1-2 effective coping strategies to support this role.

Objective 3: By the end of the group session, each group member will be able to identify 2-3 social and community supports that will help them perform this role.

Introduction

Role of the facilitator:

- **Group Expectations**
 - This is an opportunity to check in with the group members about how everyone is feeling after the previous session and if any changes need to be made.
 - **NOTE:** If needed, refer back to the group expectations established during the first session.
- **Warm-up**
 - Review Form 7-C *Ritual Homework*: and invite each member to share their experiences carrying out the homework assignment.
- **Session Outline**
 - This session will last approximately 90 minutes.
 - Activity 1: Re-administer Role Checklist Assessment
 - Activity 2: Role Competency Plan
 - Reflect on Activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

Activity 1

Role of the facilitator:

- Re-administer Role Checklist Assessment
- Give each group member the Role Checklist Assessment that they filled out in Session I: Role Call.
- **Process the following questions with the group members after completion of the assessment:**
 - *How are you feeling about your current roles?*
 - *Have your roles changed since the first session?*
 - *Are there any roles that you find more valuable or meaningful?*
 - *Are there any roles that you would like to perform, but are still unable to?*
- Make notes on the group members responses for the generalizing portion of the session

Activity 2

Role of the facilitator:

- Form 8-A *Role Action Plan*: instruct group members to turn to this form in their workbook. Using the information from the Role Checklist Assessment and processing questions, the group members will fill out this form to create an action plan that will assist them in performing a role that find meaningful, but were unable to address during the program. This will integrate all of the information learned throughout the program and allow the group members to reflect on what they've learned and how they can incorporate these skills into their everyday lives.

Sharing

Role of the facilitator:

- Have each group member share the following questions:
 - *What are 2-3 items on your Role Action Plan form that will be the most beneficial to you after the conclusion of the group?*
 - *Why do you feel that it is important to develop a Role Action Plan?*

Processing

Role of the facilitator:

- Have each group member process the different feelings and reactions to the program:
 - *Why do you feel that this role needs to be addressed?*
 - *How do you plan on applying this Role Action Plan into your everyday life?*

Generalizing

Role of the facilitator:

- Begin transition to generalizing the entire program:
- Use the following questions to guide the group toward formulation of the program's key points:
 - *What were the negative and positives of your experiences in this program?*
 - *What activities did you find to be the most beneficial in the program?*
 - *What activities were the least beneficial in the program?*
 - *What is your plan to ensure that you follow through with what was learned in this program?*
- Summarize key points of today's group:
 - **NOTE:** It may be beneficial to write these down as for program evaluation.

Application

Role of the facilitator:

- Discuss how the activity relates to developing a Role Action Plan incorporating all the information learned:
- **Evidence Base** (Optional to read the following):
 - *Lumpkin (2008) found that dealing with the problems of the primary parental role stress head-on by developing a plan of action is beneficial in the role transition. Grandparents feel equipped for the primary caregiver role because they are older, have the time, patience and wisdom to be an effective role model (Taylor et al., 2018; & Backhouse & Graham, 2012). They often feel that the parenting experience adds meaning to their life as it offers a sense of companionship, and a purposeful social and familial role (Kropf & Robinson, 2004). Interventions focused on problem solving, strategies to cope with unpleasant emotions, and practical teaching of caregiving skills have the most significant impact on grandparents' psychological well-being (Chan et al., 2019; McLaughlin, Ryder, & Taylor, 2017).*

Summary

Role of the facilitator:

- Restate the important points of the group that were shared during the sharing, processing, generalizing, or application portion of the group session.
- Restate the group objectives
 - **Objective 1:** By the end of the group session, each group member will identify a role(s) that is still in need of support.
 - **Objective 2:** After participation in the *Role Action Plan* activity, the group members will be able to identify 1-2 effective coping strategies to support this role.

- **Objective 3:** By the end of the group session, each group member will be able to identify 2-3 social and community supports that will help them perform this role.
- Ask if anyone has any final questions or comments
- Thank everyone for participating in the program!

Role Action Plan

Roles

This is a role that I don't currently participate in, but wish to...

Biggest Stress

These are the biggest stressors that prevent me from performing this role...

- 1.
- 2.
- 3.
- 4.
- 5.

Coping Strategies

These are the coping strategies that I will implement into my daily/weekly routine to help manage my stressors to allow me to participate in this role...

<i>Relaxation</i>	<i>Exercise</i>
<i>Sleep Hygiene</i>	<i>Social Leisure</i>

Support

These are the 3 **personal** supports that will help maintain my physical and mental health, in order to engage in this role...

- 1.
- 2.
- 3.

These are the 3 **community** supports that will be crucial to my physical and mental health, in order to engage in this role....

- 1.
- 2.
- 3.

Wise Routines

These are the activities that I will incorporate into my routine in order to find time to engage in this role:

These are the activities that I will limit in my routine to prevent burnout and role strain:

Rituals

These are the meaningful rituals I plan on completing daily, weekly, or monthly within this role:

- **Daily**
- **Weekly**
- **Monthly**

Exit Survey

This survey will provide the facilitator with valuable information about your experience in the *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* program. Your feedback will help improve this program for future participants.

1. Please rate your satisfaction with the overall experience with the program.

1	2	3	4	5
Unsatisfied	Slightly unsatisfied	Somewhat satisfied	Satisfied	Very satisfied

2. Please rate your satisfaction with the group activities.

1	2	3	4	5
Unsatisfied	Slightly unsatisfied	Somewhat satisfied	Satisfied	Very satisfied

3. Please rate your satisfaction with the venue/location and accessibility.

1	2	3	4	5
Unsatisfied	Slightly unsatisfied	Somewhat satisfied	Satisfied	Very satisfied

4. Please rate your satisfaction with the program facilitator.

1	2	3	4	5
Unsatisfied	Slightly unsatisfied	Somewhat satisfied	Satisfied	Very satisfied

5. Please rate your satisfaction with the information/resources available.

1	2	3	4	5
Unsatisfied	Slightly unsatisfied	Somewhat satisfied	Satisfied	Very satisfied

6. Please rate your satisfaction with the length of the program.

1	2	3	4	5
Unsatisfied	Slightly unsatisfied	Somewhat satisfied	Satisfied	Very satisfied

Next page...

How do you feel after completing the program (confidence, rediscovering what is important in life, developing new skills, etc.)?

How do you feel that you have grown and developed since completing the program?

What changes would you make to the program?

Additional comments...

References

- American Psychological Association (n.d.). *APA dictionary of psychology*. Retrieved from <https://dictionary.apa.org/coping-strategy>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi:10.5014/ajot.2014.682006
- Backhouse, J., & Graham, A. (2012) Grandparents raising grandchildren: negotiating the complexities of role-identity conflict. *Child and Family Social Work*, 17, 306-315. doi:10.1111/j.1365-2206.2011.00781.x
- Boyt Schell, B. A., Gillen, G., & Scaffa, M. (2014). Glossary. In B. A. Boyt Schell, G. Gillen, & M. Scaffa (Eds.), *Willard and Spackman's occupational therapy* (12th ed., pp.1229–1243). Philadelphia: Lippincott Williams & Wilkins.
- Chan, K. L., Chen, M., Lo, K. M. C., Chen, Q., Kelley, S. J., & Ip, P. (2019). The effectiveness of interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, 29(6), 607–617. doi:10.1177/1049731518798470
- Clottey, E.N., Scott, A., & Alfonso, M.L. (2015). Grandparent caregiving among rural African Americans in a community in the American south: Challenges to health and wellbeing. *Rural and Remote Health*, 15, 1-12.
- Cole, M. B. (2012). *Group dynamics in occupational therapy* (4th ed.). Thorofare NJ: SLACK, Inc.

- Doley, R., Bell, R., Watt, B., & Simpson, H. (2015). Grandparents raising grandchildren: Investigating factors associated with distress among custodial grandparent. *Journal of Family Studies*, 21(2), 101-119. doi: 10.1080/13229400.2015.1015215
- Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34 (2), 138-157. doi:10.1177/0733464812463983
- Harrist, A. W., Henry, C. S., Liu, C., & Morris, A. S. (2019). Family resilience: The power of rituals and routines in family adaptive systems. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, and M. A. Whisman (Eds.), *APA Handbook of Contemporary Family Psychology: Foundations, Methods, and Contemporary Issues Across the Lifespan*, (223-239). Washington, DC, US: American Psychological Association.
doi:10.1037/0000099-013
- Hayslip, B., & Kaminski, P. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist*, 45, 262–269.
doi:10.1093/geront/45.2.26
- Fruhauf, C.A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34 (2), 138-157. doi: 10.1177/0733464812463983
- Kielhofner, G. (1985). *A model of human occupation: Theory and application*. Baltimore, MD Williams & Wilkins.
- Kirby, J. (2015). The potential benefits of parenting programs for grandparents: Recommendations and clinical implications. *Journal of Child & Family Studies*, 24(11), 3200–3212. doi:10.1007/s10826-015-0123-9

- Kirby, J., & Sanders, M. (2012). Using consumer input to tailor evidence-based parenting interventions to the needs of grandparents. *Journal of Child and Family Study*, 21, 626-636. doi:10.1007/s10826-011-9514-8
- Kropf, N., & Robinson, M. (2004). Pathways into caregiving for rural custodial grandparents. *Journal of Intergenerational Relationships*, 2(1), 63-77.
- Lumpkin, J.R. (2008). Grandparents in a parental or near-parental role. *Journal of Family Issues* 29(3), 357-372. doi:10.1177/0192513X07307848
- Manns, A., Adler, K., & Furhauf, C. (2017). Daily activities and experiences of custodial grandparents: An exploratory study. *Physical and Occupational Therapy in Geriatrics*, 35(1), 34-48. doi:10.1080/02703181.2017.1280112
- Marken, D.M., & Howard, J.B. (2014). Grandparents raising grandchildren: The influence of a late life transition on occupational engagement. *Physical and Occupational Therapy in Geriatrics*, 32(4), 381-396. doi: 10.3109/02703181.2014.965376
- Marken, D.M., Pierce, D., & Baltisberger, J.A. (2010). Grandmother's use of routines to manage custodial care of young children. *Physical & Occupational Therapy in Geriatrics*, 28(4), 360-375. doi:10.3109/02703181.2010.535119
- McLaughlin, B., Ryder, D., & Taylor, M. F. (2017). Effectiveness of interventions for grandparent caregivers: A systematic review. *Marriage & Family Review*, 53:6, 509-531. doi:10.1080/01494929.2016.1177631
- Mental Health Foundation. (n.d.). *Stress*. Retrieved from <https://www.mentalhealth.org.uk/a-to-z/s/stress>
- Merriam-Webster. (n.d.). Superlative. Retrieved from <https://www.merriam-webster.com/dictionary/superlative>

- Oakley, F., Kielhofner, G., Barris, R., & Reichter, R.K. (1986). The Role Checklist: Development and empirical assessment of reliability. *Occupational Therapy Journal of Research*, 6, 157-170.
- O'Brien, J.C. (2017). Model of Human Occupation. In J., Hinojosa, P., Kramer, C., Brasic Royeen (Eds.), *Perspectives on Human Occupation* (93-136). Philadelphia: FA Davis.
- Spagnola, M., & Fiese, B.H. (2007). Family routines and rituals: A context for development in the lives of young children. *Infants & Young Children*, 20 (4), 284-299. doi: 10.1097/01.IYC.0000290352.32170.5a
- Taylor, M. F., Marquis, R., Coall, D., & Werner, J. (2018). The enjoyment rewards of fulfilling a custodial grandparenting role in the lives of grandchildren removed from their parents' care. *Child Care in Practice*, 24, 92-110.
doi:10.1080/13575279.2017.1297772
- What's Your Grief (n.d.). Supports system superlatives: A journaling exercise. Retrieved from <https://whatsyourgrief.com/support-system-superlatives-a-journaling-exercise/>

Appendix A

Permission to use Content from Blog

📎 1 ▾ 🗒



Marton, Jenna

Tue 11/26/2019 4:31 PM

whatsyourgrief@gmail.com; Stewart, Kaitlyn ✉

👍 ↶ ↷ ➡ ...



What's Your Grief Blog Works...

13 KB

To Whom it May Concern,

We are occupational therapy students at the University of North Dakota creating a program for grandparents raising their grandchildren due to parental opioid abuse. Within this program we have group sessions related to creating a support system. During our creation of these sessions, we stumbled upon your blog and we would like to implement the Support System Superlatives: A Journaling Exercise into our program.

Therefore, we seek your permission to modify this activity to fit the needs of our program. Here is the link to the activity on your blog: <https://whatsyourgrief.com/support-system-superlatives-a-journaling-exercise/>. I have attached the modifications that we would like to make and how it would appear in our program guide if granted permission to use this content.

As a part of our affiliation with the University of North Dakota, we are obligated to upload this to a research data base upon its completion. Here is the link to this research data base: <https://commons.und.edu/ot-grad/>.

We would greatly appreciate your agreement and permission to use the Support System Superlatives: A Journaling for this program. We look forward to hearing back from you!

What's Your Grief <whatsyourgrief@gmail.com>

Thu 11/28/2019 1:33 AM

Marton, Jenna ✉

👍 ↶ ↷ ➡ ...

Hello Jenna,

Thanks for your email. As long as this program is not being sold, then you are welcome to use it with the modification and citation you included in the attachment.

Thanks,
Litsa

...

Appendix B

-----Original Message-----

From: Jenna Marton

Sent: Tuesday, November 26, 2019 6:55 PM

To: karenmoore@sensoryconnectionprogram.com

Subject: Online Info Request from The Sensory Connection Program

The following was posted from sensoryconnectionprogram.com on Nov 26, 20

name Jenna Marton

email jenna.marton@und.edu

organization University of North Dakota

message To Whom it May Concern,

We are occupational therapy students at the University of North Dakota creating a program for grandparents raising their grandchildren due to parental opioid abuse. Within this program we have group sessions related to creating effective coping strategies During our creation of these sessions, we stumbled upon the Sensory Connection Program Curriculum for Self-Regulation: Group Treatment for Emotional Regulation, Crisis Intervention and Stress Management and would like to use some of the material found in the manual.

Therefore, we seek your permission to use the Stress Buster, Healthy Sleep Habits, Daily Exercise Choices, Daily Relaxation Choices and Social Leisure Choices content. Ideally, we would like to modify the content on the worksheets and are happy to send you the modifications that we would like to make. However, if this is not possible we ask permission to reprint the worksheets as are.

As a part of our affiliation with the University of North Dakota, we are obligated to upload this to a research data base upon its completion. Here is the link to this research data base: <https://commons.und.edu/ot-grad/>. We would greatly appreciate your agreement and permission to use this content! We look forward to hearing back from you!
Sincerely,

Jenna Marton, OTS, and Kaitlyn Stewart, OTS

 Karen Moore <karenmoore@sensoryconnectionprogram.com>



Thu 12/19/2019 7:14 AM
Marton, Jenna ☺

Dear Jenna,

I am sorry that I missed this e-mail. I was just doing a check today and stumbled upon it.

Yes you may have permission to use and or modify these SCP Curriculum materials for this expressed project.

Best of luck to you in your project. I hope this is not too late.

I am always excited when people are using sensory approaches to treatment.

Feel free to contact me in the future. Please use the following e-mail karenmoore475@gmail.com.

Happy Holidays,

Karen

Chapter V

Summary

The purpose of *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* is to assist occupational therapists and occupational therapy assistants in providing services to primary grandparent caregivers in rural areas. The program focuses on helping to meet the unmet needs of this population by helping participants identify meaningful roles, coping strategies, personal and community supports, while highlighting the importance of engaging in healthy habits, routines, and rituals. This program is guided by an occupation-based theoretical foundation and evidence-informed interventions that will provide occupational therapists with necessary information to help grandparents thrive in their caregiving role.

The extensive literature review in Chapter II indicates the need for services for grandparents in rural areas. Occupational therapy approaches have the potential to assist grandparents by helping to mitigate the numerous social, emotional/mental, and physical challenges that this population faces. The interventions that were found to have the most significant impact on improving grandparent's psychological well-being focused on problem solving, strategies to cope with unpleasant emotions, and practical teaching of caregiving skills (Chan et al., 2019; McLaughlin et al., 2017).

The product in Chapter IV was developed to provide an eight-week program with detailed weekly group sessions, group activities, homework, and psychoeducational components that can be carried out by occupational therapist or occupational therapy assistant. *Cole's Seven Steps* was used to guide each weekly session in order to enable

participation of group members in completing shared tasks or activities and then reflecting on the group member's individual meaning for each activity (Cole, 2012). MOHO was selected as the program's theoretical foundation and is heavily integrated into each weekly session.

Limitations and Recommendations

There are several limitations and recommendations for this program. First, it was discovered throughout the program creation that there is a significant lack of occupational therapy-based research and literature on grandparents raising their grandchildren in the opioid epidemic, specifically. This limits the ability of the program to target specific hardships endured by this population. It is recommended that with more research and literature, the program could be re-developed to better fit the needs of this population.

The second limitation is the lack of funding available for delivery and reimbursement of community based occupational therapy programs. To ensure adequate recurring service delivery of the program it is important to secure funding. It is recommended that those agencies delivering the program look to grants and other primary funding sources to ensure adequate financial support for this programming within their community.

The third limitation is a lack of implementation in rural communities. Expanding access in rural communities will require recruitment of targeted participants, as well as access to a community space to host the event. It is recommended that the agency delivering the program build a multidisciplinary network with community influencers to promote program participation. These individuals may be religious leaders, medical

providers, law enforcement, and a variety of other prominent individuals within the community who can assist in identifying families in need of this content.

The final limitation is that *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* has not yet been implemented in practice. Before implementation into practice, therapists should consider the lack of research available concerning occupational therapy interventions for this population. To ensure the efficacy of this program, it is recommended that it be implemented and tested in practice across rural communities, and appropriate modifications and adaptations be made as indicated.

Conclusion

There is a significant need for research on occupational therapy's role in addressing the needs of family members affected by the opioid epidemic, specifically in rural communities. This program was created as an occupation-based training intended to assist occupational therapists in rural communities in providing assistance to grandparents serving as primary caregivers to their grandchildren in the opioid epidemic. By heavily integrating MOHO, a conceptual practice model, therapists are provided with the opportunity to implement theoretically sound interventions to the grandparents that focus on supporting the person, occupation, and environment. *Looking Beyond the User: An Occupationally Supportive Training for Grandparents Raising their Grandchildren in the Opioid Crisis* provides awareness to occupational therapy's unique role in assisting this critical-need population. With the use of this program guide, occupational therapists in rural communities have the opportunity to provide an eight-week program to help grandparents identify meaningful roles, coping strategies, personal and community

supports, while highlighting the importance of engaging in healthy habits, routines and rituals grandparents need to thrive in their caregiving role.

References

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi:10.5014/ajot.2014.682006
- American Occupational Therapy Association. (2018a). *Occupational therapy included in new law to address opioid epidemic*. Retrieved from <https://www.aota.org/Advocacy-Policy/Congressional-Affairs/Legislative-Issues-Update/2018/occupational-therapy-included-new-law-opioid-epidemic-pain-management.aspx>
- American Occupational Therapy Association. (2018b). *Opioids legislation including occupational therapy services, advances in house committee*. Retrieved from <https://www.aota.org/Advocacy-Policy/Congressional-Affairs/Legislative-Issues-Update/2018/opioids-legislation-includes-occupational-therapy-OT-services.aspx>
- Arria, A. M., Mericle, A. A., Meyers, K., & Winters, K. C. (2012). Parental substance use impairment, parenting, and substance use disorder risk. *Journal of Substance Abuse Treatment*, 43(1), 114-122. doi:10.1016/j.jsat.2011.10.001.
- Backhouse, J., & Graham, A. (2012). Grandparents raising grandchildren: Negotiating the complexities of role-identity conflict. *Child and Family Social Work*, 17, 306-315. doi:10.1111/j.1365-2206.2011.00781.x
- Bailey, S. J., Letiecq, B. L., Visconti, K., & Tucker, N. (2019). Rural Native and European American custodial grandparents: Stressors, resources, and resilience. *Journal of Cross Cultural Gerontology*, 34(2), 131–148. doi:10.1007/s10823-019-09372-w

- Barnard, M. (2003). Between a rock and a hard place: the role of relatives in protecting children from the effects of parental drug problems. *Child and Family Social Work*, 8(4), 291-299. doi:10.1046/j.1365-2206.2003.00297.x
- Castaneda, R., Olson, L. M., & Cargill Radley, L. (2013). Occupational therapy's role in community mental health. *American Occupational Therapy Association*. Retrieved from <https://www.aota.org/About-Occupational-Therapy/Professionals/MH/Community-Mental-Health.aspx>
- Centers for Disease Control and Prevention (2018). *Understanding the epidemic*. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- Centers for Disease Control and Prevention (2019a). *Commonly used terms*. Retrieved from <https://www.cdc.gov/drugoverdose/opioids/terms.html>
- Centers for Disease Control and Prevention (2019b). *Heroin overdose data*. Retrieved from <https://www.cdc.gov/drugoverdose/data/heroin.html>
- Chan, K. L., Chen, M., Lo, K. M. C., Chen, Q., Kelley, S. J., & Ip, P. (2019). The effectiveness of interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, 29(6), 607–617. doi:10.1177/1049731518798470
- Chan, K. T., Trant, J. (2018) The relationship of psychological distress and living with children and adolescents for adult non-medical prescription opioid users. *Children and Adolescent Social Work Journal*, 35, 391-405. doi:10.1007/s10560-018-0534-8
- Choi, S., & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and*

Youth Services Review, 29(11), 1395–1410. doi:10.1016/j.childyouth.2007.05.013.

Clottey, E. N., Scott, A., & Alfonso, M. L. (2015). Grandparent caregiving among rural African Americans in a community in the American south: Challenges to health and wellbeing. *Rural and Remote Health*, 15, 1-12. Retrieved from <https://www.rrh.org.au/journal/article/3313>

Conway, P., Boeckel, J., Shuster, L., & Wages, J. (2010) Grandparent caregivers' use of resources and services, level of burden, and factors that mediate their relationships. *Journal of Intergenerational Relationships*, 8(2), 128-144. doi:10.1080/15350771003741931

Dibartolo, M. C., & Mccrone, S. (2003). Recruitment of rural community-dwelling older adults: Barriers, challenges, and strategies. *Aging & Mental Health*, 7(2), 75-82. doi:10.1080/1360786031000072295

Doley, R., Bell, R., Watt, B., & Simpson, H. (2015). Grandparents raising grandchildren: Investigating factors associated with distress among custodial grandparent. *Journal of Family Studies*, 21(2), 101-119. doi:10.1080/13229400.2015.1015215

Ellis, R. R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012. *Current Population Reports*, 1-35. U.S. Census Bureau, Washington, DC.

Flora, C. B., Flora, J. L., & Gasteyer, S. P. (2016). *Rural Communities: Legacy and Change*. Fifth edition. Bolder, CO: Westview Press.

Forsyth, K., Taylor, R. R., Kramer, J. M., Prior, S., Richie, L., Whitehead, J.,... & Melton, J. (2014). The Model of Human Occupation. In Boyt Schell, Gillen,

- Scaffa (Eds.), *Willard & Spackman's occupational therapy* (12th ed., pp. 505-526). Philadelphia, PA: Lippincott Williams & Wilkins.
- Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology, 34*(2), 138-157. doi:10.1177/0733464812463983
- Garcia, A., O'Reilly, A., Matone, M., Kim, M., Long, J., & Rubin, D. (2015). The influence of caregiver depression on children in non-relative foster care versus kinship care placements. *Maternal Child Health Journal 19*, 459–467. doi:10.1007/s10995-014-1525-9
- Generations United. (2016). *State of grandfamilies 2016, raising the children of the opioid epidemic: Solutions and support for grandfamilies*. Washington, DC: Generations United. Retrieved from <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2016.pdf>
- Haffajee, R., & Frank, R. G. (2018) Making the opioid public health emergency effective. *JAMA Psychiatry, 75*(8), 767–768. doi:10.1001/jamapsychiatry.2018.0611
- Harrist, A. W., Henry, C. S., Liu, C., & Morris, A. S. (2019). Family resilience: The power of rituals and routines in family adaptive systems. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, and M. A. Whisman (Eds.), *APA Handbook of Contemporary Family Psychology: Foundations, Methods, and Contemporary Issues Across the Lifespan*, (223-239). Washington, DC, US: American Psychological Association. doi:10.1037/0000099-013

- Hayslip, B., & Kaminski, P. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist*, 45, 262–269. doi:10.1093/geront/45.2.26
- Hedegaard, H., Miniño, A. M., & Warner, M. (2018). Drug overdose deaths in the United States, 1999–2017. *NCHS Data Brief, no 329*. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf>
- Kropf, N., & Robinson, M. (2004). Pathways into caregiving for rural custodial grandparents. *Journal of Intergenerational Relationships*, 2(1), 63-77. doi:10.1300/J194v02n01_05
- Kirby, J. (2015). The potential benefits of parenting programs for grandparents: Recommendations and clinical implications. *Journal of Child & Family Studies*, 24(11), 3200–3212. doi:10.1007/s10826-015-0123-9
- Kirby, J., & Sanders, M. (2012). Using consumer input to tailor evidence-based parenting interventions to the needs of grandparents. *Journal of Child and Family Study*, 21, 626-636. doi:10.1007/s10826-011-9514-8
- Ludwig, F., Hattjar, B., Russell, R., & Winston, K. (2007). How caregiving for grandchildren affects grandmothers' meaningful occupations. *Journal of Occupational Science*, 14(1), 40-51. doi:10.1080/14427591.2007.9686582
- Lumpkin, J. R. (2008). Grandparents in a parental or near-parental role. *Journal of Family Issues* 29(3), 357-372. doi:10.1177/0192513X07307848

- Manns, A., Atler, K., & Furhauf, C. (2017). Daily activities and experiences of custodial grandparents: An exploratory study. *Physical and Occupational Therapy in Geriatrics*, 35(1), 34–48. doi:10.1080/02703181.2017.1280112
- Marken, D. M., & Howard, J. B. (2014). Grandparents raising grandchildren: The influence of a late life transition on occupational engagement. *Physical and Occupational Therapy in Geriatrics*, 32(4), 381-396. doi:10.3109/02703181.2014.965376
- Marken, D. M., Pierce, D., & Baltisberger, J. A. (2010). Grandmother's use of routines to manage custodial care of young children. *Physical & Occupational Therapy in Geriatrics*, 28(4), 360-375. doi:10.3109/02703181.2010.535119
- McLaughlin, B., Ryder, D., & Taylor, M. F. (2017). Effectiveness of interventions for grandparent caregivers: A systematic review. *Marriage & Family Review*, 53(6), 509-531. doi:10.1080/01494929.2016.1177631
- Mignon S., & Holmes W. M. (2013). Substance abuse and mental health issues within Native American grandparenting families. *Journal of Ethnicity in Substance Abuse*, 12, 210-227. doi:10.1080/15332640.2013.798751
- Mirick, R. G., & Steenrod, S. A. (2016). Opioid use disorder, attachment, and parenting: Key concerns for practitioners. *Child & Adolescent Social Work Journal*, 33(6), 547–557. doi:10.1007/s10560-016-0449-1
- Peterson, T. L., & Starks, S. H. (2014). The contextual experiences of rural custodial grandparents and opportunities for social work. *Journal of Family Social Work*, 17(2), 175-188. doi:10.1080/10522158.2014.881764

- Scholl, L., Seth, P., Kariisa, M., Wilson, N., & Baldwin, G. (2019). Drug and opioid involved overdose deaths-United States, 2013–2017. *Morbidity and Mortality Weekly Report*, 67,1419–1427. doi:10.15585/mmwr.mm675152e1
- Sheridan, K., Haight, W. L., & Cleeland, L. (2011). The role of grandparents in preventing aggressive and other externalizing behavior problems in children from rural, methamphetamine-involved families. *Children and Youth Services Review*, 33, 1583-1591. doi:10.1016/j.childyouth.2011.03.023
- Smalley, K. B., Yancey, C. T., Warren, J. C., Naufel, K., Ryan, R., & Pugh, J. L. (2010). Rural mental health and psychological treatment: A review for practitioners. *Journal of Clinical Psychology*, 66(5), 479-489. doi:10.1002/jclp.20688
- Smith, G., Hayslip, B., Hancock, G., & Strieder, F. (2018). A randomized clinical trial of interventions for improving well-being in custodial grandfamilies. *Journal of Family Psychology*, 32(6), 816-827.
- Spagnola, M., & Fiese, B.H. (2007). Family routines and rituals: A context for development in the lives of young children. *Infants & Young Children*, 20(4), 284-299. doi:10.1097/01.IYC.0000290352.32170.5a
- Spencer, M. R., Warner, M., Bastian, B. A., Trinidad, J. P., & Hedegaard, H. (2019) Drug overdose deaths involving fentanyl, 2011–2016. *National Vital Statistics Reports* 68(3). Hyattsville, MD: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_03-508.pdf
- Strozier, A. L. (2012). The effectiveness of support groups in increasing social support for kinship caregivers. *Children and Youth Services Review*, 34, 876-881. doi:10.1016/j.childyouth.2012.01.007

- Taylor, M. F., Marquis, R., Coall, D., Batten, R., & Werner, J. (2017). The physical health dilemmas facing custodial grandparent caregivers: Policy considerations. *Cogent Medicine*, 4, 1-14. doi:10.1080/2331205X.2017.1292594
- Taylor, M. F., Marquis, R., Coall, D., & Wilkinson, C. (2017). Substance misuse–related parental child maltreatment: Intergenerational implications for grandparents, parents, and grandchildren relationships. *Journal of Drug Issues*, 47(2), 241-260. doi:10.1177/0022042616683670
- Taylor, M. F., Marquis, R., Coall, D., & Werner, J. (2018). The enjoyment rewards of fulfilling a custodial grandparenting role in the lives of grandchildren removed from their parents' care. *Child Care in Practice*, 24, 92-110. doi:10.1080/13575279.2017.1297772
- U.S. Department of Agriculture (n.d.). *Committed to being a strong partner*. Retrieved from <https://www.usda.gov/topics/opioids>
- U.S. Department of Health and Human Services. (2018). *5-point strategy to combat the opioid crisis*. Retrieved from <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>
- U.S. Department of Health and Human Services. (2017). *HHS acting secretary declares public health emergency to address national opioid crisis*. Retrieved from <https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>
- U.S. National Library of Medicine. (2019). *Opioid addiction*. Retrieved from <https://ghr.nlm.nih.gov/condition/opioid-addiction#statistics>

Van Zee, A. (2009). The promotion and marketing of OxyContin: Commercial triumph, public health tragedy. *American Journal of Public Health*, 99(2), 221-227.

doi:10.2105/AJPH.2007.131714.

Williams, M. N. (2011). The changing roles of grandparents raising grandchildren.

Journal of Human Behavior in the Social Environment, 21(8), 948–962.

doi:10.1080/10911359.2011.588535